

A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final return/terminated

☐ Amended return

☐ Application pending

C Name of organization

Seton Family of Hospitals

Doing business as

Seton Healthcare Network

Number and street (or P O box if mail is not delivered to street address)

Room/suite

1345 Philomena Street

City or town, state or province, country, and ZIP or foreign postal code

Austin, TX 78723

F Name and address of principal officer

Scott Herndon

1345 Philomena Street

Austin, TX 78723

H(a) Is this a group return for subordinates?

☐ Yes

☒ No

H(b) Are all subordinates included?

☐ Yes

☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

0928

D Employer identification number

74-1109643

E Telephone number

(512) 324-1000

G Gross receipts \$ 2,033,803,591

I Tax-exempt status

☒ 501(c)(3)

☐ 501(c) () ◀ (insert no)

☐ 4947(a)(1) or

☐ 527

J Website: ▶ http //www seton net

K Form of organization

☒ Corporation

☐ Trust

☐ Association

☐ Other ▶

L Year of formation 1900

M State of legal domicile TX

Part I Summary			
Activities & Governance	1 Briefly describe the organization’s mission or most significant activities Provision of healthcare services with a special concern for the poor and vulnerable		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	12
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	13,208
	6 Total number of volunteers (estimate if necessary)	6	2,000
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	860,222
Revenue	b Net unrelated business taxable income from Form 990-T, line 34	7b	-1,551,389
	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7 d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year	Current Year
		31,675,532	26,656,186
		1,874,419,067	1,953,063,418
		32,406,920	6,581,395
Expenses		64,659,950	35,594,479
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	2,003,161,469	2,021,895,478	
	3,383,934	3,340,045	
	0	0	
	821,623,724	782,613,194	
	Net Assets or Fund Balances		0
20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	841,861,902	966,524,584	
	1,666,869,560	1,752,477,823	
	336,291,909	269,417,655	
	Beginning of Current Year	End of Year	
	3,131,871,173	3,306,001,380	
	727,179,060	708,931,624	
	2,404,692,113	2,597,069,756	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer

2017-09-26

Scott Herndon CFO

Date

Type or print name and title

Prrnt/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Shawna M Jimenez

Shawna M Jimenez

☐ P01222873

Firm's name ▶ Deloitte Tax LLP

Firm's EIN ▶ 86-1065772

Firm's address ▶ 111 Monument Circle Suite 4200

Phone no (317) 464-8600

Indianapolis, IN 462055108

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990(2015)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

Our mission inspires us to care for and improve the health of those we serve with a special concern for the sick and the poor. We are called to be a sign of God's unconditional love for all and believe that all persons by their creation are endowed with dignity. Seton continues the Catholic tradition of service established by our founders: Vincent de Paul, Louise de Marillac, and Elizabeth Ann Seton.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O:

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O:

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code) (Expenses \$ 1,529,109,843 including grants of \$ 3,340,045) (Revenue \$ 1,986,773,630) See Additional Data
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4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)
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4e	Total program service expenses ▶ 1,529,109,843
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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	

Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25a		No
		25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1,698	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	13,208	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders.	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
c	Enter the amount of reserves on hand.	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	10	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records ▶ Scott Herndon 1345 Philomena Street Austin, TX 78723 (512) 324-1000	

Check if Schedule O contains a response or note to any line in this Part VII ☐

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

[illegible]

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	19,647,125	0	692,569

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 707

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
JE DUNN CONSTRUCTION CO Barton Oaks Plaza One 901 S MoPac Expy Austin, TX 78746	CONSTRUCTION SERVICES	71,791,169
CAPITOL ANESTHESIOLOGY ASSOCIATION 3705 Medical Pkwy 570 Austin, TX 78705	MEDICAL SERVICES	19,945,491
BCEP PA 720 W 34TH ST SUITE 101 AUSTIN, TX 78705	MEDICAL SERVICES	19,545,170
THE BLOOD AND TISSUE CENTER OF CENTRAL TEXAS 4300 N Lamar Blvd Austin, TX 78756	MEDICAL SERVICES	9,886,275
AUSTIN CYBERKNIFE LLC 1400 North IH 35 Suite C1100 Austin, TX 78701	MEDICAL SERVICES	8,704,200

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 135

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

☒

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	19,277,811				
	e	Government grants (contributions)	1e	4,794,351				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,584,024				
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f		26,656,186				
Program Service Revenue	2a	NET PATIENT REVENUE	Business Code 621400	1,878,848,679	1,878,848,679			
	b	PROGRAM SERVICE REVENUE	621400	49,931,182	49,931,182			
	c	I/C Management Fees	541900	15,667,071	15,667,071			
	d	Contract Services Revenue	541900	1,970,901	1,970,901			
	e	RESEARCH SPONSOR REVENUE	900099	2,687,687	2,687,687			
	f	All other program service revenue		3,957,898	3,270,942	686,956	0	
	g	Total. Add lines 2a-2f		1,953,063,418				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		6,547,915			6,547,915
4		Income from investment of tax-exempt bond proceeds . .						
5		Royalties						
6a		Gross rents	(i) Real	(ii) Personal				
			3,214,497					
b		Less rental expenses						
c		Rental income or (loss)	3,214,497	0				
d		Net rental income or (loss)		3,214,497			3,214,497	
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
				33,480				
b		Less cost or other basis and sales expenses						
c		Gain or (loss)	0	33,480				
d		Net gain or (loss)		33,480			33,480	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b		Less direct expenses	b	11,908,113				
c		Net income or (loss) from fundraising events . .		-11,908,113			-11,908,113	
9a		Gross income from gaming activities See Part IV, line 19	a					
b		Less direct expenses	b					
c	Net income or (loss) from gaming activities . . .							
10a	Gross sales of inventory, less returns and allowances .	a						
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	Ancillary Revenue	900099	3,090,974	3,090,974				
b	Cafeteria	611430	5,985,300			5,985,300		
c	Additional Fees	900099	403,837			403,837		
d	All other revenue		34,807,984	31,306,194	173,266	3,328,524		
e	Total. Add lines 11a-11d		44,288,095					
12	Total revenue. See Instructions		2,021,895,478	1,986,773,630	860,222	7,605,440		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX



Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	3,196,045	3,196,045		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	144,000	144,000		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	18,354,857	18,354,857		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,835,577	1,835,577		
7	Other salaries and wages	613,444,368	532,736,140	80,708,228	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	106,227,417	102,455,806	3,771,611	
10	Payroll taxes	42,750,975	42,750,975		
11	Fees for services (non-employees)				
a	Management	220,686,299	168,399,631	52,286,668	
b	Legal	57,380	43,785	13,595	
c	Accounting	2,318,566	1,769,234	549,332	
d	Lobbying	455,028		455,028	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	179,274,711	137,146,809	42,127,902	0
12	Advertising and promotion	7,441,150	7,441,150		
13	Office expenses	18,925,751	18,925,751		
14	Information technology	3,666,572	2,665,077	1,001,495	
15	Royalties				
16	Occupancy	48,355,343	48,355,343		
17	Travel	4,199,175	3,052,204	1,146,971	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,954,170	2,147,262	806,908	
20	Interest	13,076,746	13,076,746		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	70,524,217	68,893,202	1,631,015	
23	Insurance	8,421,322	1,121,683	7,299,639	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	MEDICAL SUPPLIES	237,246,519	234,900,967	2,345,552	
b	SERVICE FEES FROM AH	42,073,554	42,073,554		
c	RESTRUCTURING	20,628,526	14,994,008	5,634,518	
d	REMEDIATION EXPENSES	6,252,791	4,544,891	1,707,900	
e	All other expenses	79,966,764	58,085,146	21,881,618	0
25	Total functional expenses. Add lines 1 through 24e	1,752,477,823	1,529,109,843	223,367,980	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐ ☒

		(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	276,053,576	4	251,879,151
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	0
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	28,882,634	8	27,962,405
	9	Prepaid expenses and deferred charges	7,045,844	9	7,666,745
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a 1,590,738,817		
	b	Less: accumulated depreciation	10b 701,881,440	810,180,279	10c 888,857,377
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	0	12	
	13	Investments—program-related. See Part IV, line 11	19,336,260	13	19,063,805
	14	Intangible assets	30,817,425	14	45,292,717
	15	Other assets. See Part IV, line 11	1,959,555,155	15	2,065,279,180
16	Total assets. Add lines 1 through 15 (must equal line 34)	3,131,871,173	16	3,306,001,380	
Liabilities	17	Accounts payable and accrued expenses	183,050,357	17	161,777,417
	18	Grants payable		18	
	19	Deferred revenue	1,277,026	19	2,716,351
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	5,505,816	24	5,723,823
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	537,345,861	25	538,714,033
	26	Total liabilities. Add lines 17 through 25	727,179,060	26	708,931,624
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	2,385,355,853	27	2,578,005,951
	28	Temporarily restricted net assets	19,336,260	28	19,063,805
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	2,404,692,113	33	2,597,069,756
	34	Total liabilities and net assets/fund balances	3,131,871,173	34	3,306,001,380

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,021,895,478
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,752,477,823
3	Revenue less expenses Subtract line 2 from line 1	3	269,417,655
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,404,692,113
5	Net unrealized gains (losses) on investments	5	-35,625,569
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-41,414,443
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,597,069,756

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 74-1109643
Name: Seton Family of Hospitals

Form 990, Part III, Line 4a

4a (Code) (Expenses \$ 1,529,109,843 including grants of \$ 3,340,045) (Revenue \$ 1,986,773,630)

As the leading provider of health services in Central Texas (an 11-county region), Seton Family of Hospitals (Seton) also provides a number of distinctive services to the community the only Level I trauma facilities, the only free-standing children's hospital, the only free-standing inpatient behavioral health hospital, the only heart transplant center, and the only University of Texas medical residency programs Seton contributes to the positive health status of the communities it serves and continues to build and strengthen sustainable collaborative efforts to benefit the health of individuals, families and society as a whole Seton has a mission to care for the community it serves with a special concern for the poor and the vulnerable (CONTINUED ON SCHEDULE O)

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DR CHAD DIETERICHS CHAIRMAN	10 0	X		X				0	0	0
CHRIS ZIEBELL MD VICE CHAIRMAN	10 0	X		X				0	0	0
LEO R DUNN SECRETARY	10 10	X		X				0	0	0
MICHELLE ROBERTSON PRESIDENT AND CEO - SFOH	500 0	X		X				1,042,723	0	22,521
ED DORN TRUSTEE	10 0	X						0	0	0
RICHARD FREEMAN TRUSTEE (BEG 11/2015)	10 0	X						0	0	0
TRAVIS FROELICH TRUSTEE (END 6/2016)	490 10	X						336,211	0	5,711
JAMES O LINDSEY MD TRUSTEE (END 4/2016) /VP MED AFFAIRS	500 00	X						216,137	0	5,622
ANTHONY MANUAL TRUSTEE (BEG 11/2015)	10 0	X						0	0	0
PATRICK MOONEY TRUSTEE (BEG 11/2015)	10 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RHETT REED	1 0									
TRUSTEE (BEG 11/2015)	0	X						0	0	0
IAN TURPIN	1 0									
TRUSTEE	0	X						0	0	0
SR JOANNE VASA	1 0									
TRUSTEE (END 6/2016)	1 0	X						0	0	0
JESUS GARZA	26 0									
PRESIDENT & CEO SHF	24 0			X				2,470,974	0	51,485
ALAN STRAUSS	50 0									
CFO (END 8/2015)	0 0			X				1,567,370	0	48,771
THOMAS E GALLAGHER	22 0									
ACTING CFO	28 0			X				1,447,398	0	54,420
TIMOTHY LEE LAFREY	48 0									
CSO-MINISTRY MKT TEXAS	2 0				X			1,388,876	0	24,510
JOHN BRINDLEY	50 0									
PRESIDENT-MARKET DEVELOPMENT (END 7/31/2015)	0				X			1,140,580	0	40,519
GREGORY HARTMAN	50 0									
CHIEF EXT & ACAD AFF OFCR-MINISTRY MKT TEXAS	0				X			1,115,372	0	47,020
KATHERINE HENDERSON	40 0									
PRESIDENT - CENTRAL GROUP	0				X			792,928	0	36,319

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
PRATHIBHA VARKEY MD PRES/CEO - SCEC	1 0 58 0				X			783,303	0	23,230
CHRISTANN VASQUEZ PRESIDENT - UMCB/DSMCUT/SSC	40 0 0				X			715,954	0	41,482
SAMSON JESUDASS MD CCO MINISTRY MARKET TEXAS	40 0 5 0				X			690,728	0	21,109
MARK SHEN MD PRESIDENT - DCMCCT	50 0 0 0				X			623,057	0	73,292
JOHN HELLERSTEDT MD MD PEDIATRICS	48 0 2 0					X		549,058	0	42,764
CHRISTOPHER HARTLE PRESIDENT - NORTH AND SOUTH GROUP	49 0 1 0					X		878,128	0	44,155
KENNETH GLADISH PRESIDENT - SETON FOUNDATIONS	32 0 18 0					X		772,800	0	28,485
TERESA BURROFF SR VP LEGAL	40 0 1 0					X		741,362	0	21,412
CAROL WRATTEN MD CHIEF QUALITY OFFICER	49 0 1 0					X		557,785	0	40,651
TRENNIS L JONES FORMER OFFICER (END 6/2014)	0 0 0						X	570,313	0	831

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS D WAITE FORMER OFFICER (END 6/2013)	0 0						X	642,320	0	7,542
PAULA CAMPBELL FORMER OFFICER (END 5/2014)	0 0 0 0						X	603,751	0	10,720

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Seton Family of Hospitals	Employer identification number 74-1109643
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).**(Attach Schedule E (Form 990 or 990-EZ))

3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See**section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations _____

g

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any unusual grants)						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years.If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14
15	Public support percentage for 2014 Schedule A , Part II, line 14	15
16a	33 1/3% support test—2015.If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	
b	33 1/3% support test—2014.If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	
17a	10%-facts-and-circumstances test—2015.If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	
b	10%-facts-and-circumstances test—2014.If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	
18	Private foundation.If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

	Yes	No
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 <u>Activities Test</u> Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

☐

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions). <input type="checkbox"/>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
a			
b			
c			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2015 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Seton Family of Hospitals	Employer identification number 74-1109643
---	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
6				

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table><tr><th>If the amount on line 1e, column (a) or (b) is:</th><th>The lobbying nontaxable amount is:</th></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

☐ **Y e s** ☐ **No**

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		5,668
e	Publications, or published or broadcast statements?	Yes		5,668
f	Grants to other organizations for lobbying purposes?	Yes		51,663
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		352,354
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	Yes		39,675
i	Other activities?		No	
j	Total. Add lines 1c through 1i.			455,028
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1		
2		
3		

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Seton Family of Hospitals may, to an insubstantial degree, make comments or statements concerning legislation which may affect the health care industry. Seton has not intervened in any political campaigns. Expenses incurred in lobbying activities were primarily composed of staff salary, some limited travel, and conference expenses. There were contacts with federal representatives and their staff regarding health care issues and various proposals. The contacts were made by mail, telephone, and in person. All contacts attempted to demonstrate how the proposals would impact residents and providers in Central Texas. These lobbying expenses amounted to \$352,354 for FY16. Additional lobbying expenses of \$102,674 represent the expenses for rallies, demonstrations, seminars, conventions, speeches, lectures, or other similar means that are specifically allocable to lobbying.
Schedule C, Part II-B, Line 1 DETAILED DESCRIPTION OF THE LOBBYING ACTIVITY	Seton Family of Hospitals may, to an insubstantial degree, make comments or statements concerning legislation which may affect the health care industry. Seton has not intervened in any political campaigns. Expenses incurred in lobbying activities were primarily composed of staff salary, some limited travel, and conference expenses. There were contacts with federal representatives and their staff regarding health care issues and various proposals. The contacts were made by mail, telephone, and in person. All contacts attempted to demonstrate how the proposals would impact residents and providers in Central Texas. These lobbying expenses amounted to \$352,354 for FY16. Additional lobbying expenses of \$102,674 represent the expenses for rallies, demonstrations, seminars, conventions, speeches, lectures, or other similar means that are specifically allocable to lobbying.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Seton Family of Hospitals

Employer identification number
74-1109643

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

1

Total number at end of year

(a) Donor advised funds

(b) Funds and other accounts

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

2a

Held at the End of the Year

2b

2c

2d

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
►

7

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
► \$

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4) (B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

Revenue included on Form 990, Part VIII, line 1

► \$

(ii)

Assets included in Form 990, Part X

► \$

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenue included on Form 990, Part VIII, line 1

► \$

b

Assets included in Form 990, Part X

► \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2015

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

(continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	94,722,873	96,234,271	81,813,204	70,910,105	69,160,318
b Contributions	1,881,611	3,172,353	5,726,699	2,638,419	3,299,465
c Net investment earnings, gains, and losses	-3,722,867	310,792	11,292,475	8,546,076	122,465
d Grants or scholarships					
e Other expenditures for facilities and programs	3,192,141	4,994,543	2,598,107	281,396	1,672,143
f Administrative expenses					
g End of year balance	89,689,476	94,722,873	96,234,271	81,813,204	70,910,105

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 15 03 %

b Permanent endowment ▶ 36 27 %

c Temporarily restricted endowment ▶ 48 7 %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

3a(i)

3a(ii)

3b

Yes

No

Yes

Yes

b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	Accumulated (c) depreciation	(d) Book value
1a Land		49,096,312		49,096,312
b Buildings		910,732,748	346,164,801	564,567,947
c Leasehold improvements		41,435,231	21,690,617	19,744,614
d Equipment		405,184,886	334,026,022	71,158,864
e Other		184,289,640		184,289,640
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				888,857,377

Schedule D (Form 990) 2015

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII Supplemental Information	
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	
Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 74-1109643
Name: Seton Family of Hospitals

Supplemental Information

Return Reference	Explanation
Schedule D, Part V, Line 4 Intended uses of endowment funds	For almost four hundred years, the Daughters of Charity have lived in service to help the sick and the poor. In partnership with others, they have met the challenges and needs of our growing community since the Seton Infirmary opened its doors in 1902. To continue to sustain this legacy, Seton Fund of the Daughters of Charity of St. Vincent de Paul, Inc. and CMC Foundation of Central Texas created endowment funds to support the healthcare ministry of Seton Family of Hospitals. The principal of an endowment is never touched. The distributions from an endowment provide a dependable source of income each year to help Seton continue to meet the community's healthcare needs. Permanent and board-designated endowments are strategic fundraising tools to help maximize endowment growth and financial returns to benefit Seton's healthcare ministry for the long-term.

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	From the consolidated audited financial statements of Ascension Health, which include the activity of Seton Family of Hospitals. The member health care entities of Seton are primarily tax-exempt organizations under Internal Revenue Code Section 501(c)(3) or 501(c)(2), and their related income is exempt from federal income tax under Section 501(a). Seton accounts for uncertainty in income tax positions by applying a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return. No liability for uncertain tax positions was reported for this organization.

SCHEDULE H
(Form 990)

Department of the
Treasury
Internal Revenue
Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.

► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Seton Family of Hospitals	Employer identification number 74-1109643
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Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b	Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 37500 %	3b	Yes	
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		No
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.				

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			182,104,407	81,126,106	100,978,301	5 76 %
b Medicaid (from Worksheet 3, column a)			299,516,408	343,199,893	0	0 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d Total Financial Assistance and Means-Tested Government Programs	0	0	481,620,815	424,325,999	100,978,301	5 76 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			3,767,395	944,864	2,822,531	0 16 %
f Health professions education (from Worksheet 5)			47,212,761	12,224,322	34,988,439	2 00 %
g Subsidized health services (from Worksheet 6)			122,039,045	83,701,127	38,337,918	2 19 %
h Research (from Worksheet 7)			10,243,324	1,809,980	8,433,344	0 48 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			58,276,987	0	58,276,987	3 33 %
j Total. Other Benefits	0	0	241,539,512	98,680,293	142,859,219	8 15 %
k Total. Add lines 7d and 7j	0	0	723,160,327	523,006,292	243,837,520	13 91 %

Part IICommunity Building Activities

Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1Physical improvements and housing			28,000		28,000	0 %
2Economic development			17,500		17,500	0 %
3Community support			43,350		43,350	0 %
4Environmental improvements					0	0 %
5Leadership development and training for community members			37,500		37,500	0 %
6Coalition building			6,000		6,000	0 %
7Community health improvement advocacy			165,700		165,700	0 01 %
8Workforce development			114,750		114,750	0 01 %
9Other					0	0 %
10Total	0	0	412,800	0	412,800	0 02 %

Part IIIBad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No. 15?

1

No

2Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.

2

47,065,328

3Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.

3

28,656,701

4Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

Section B. Medicare

5Enter total revenue received from Medicare (including DSH and IME).

5

176,217,682

6Enter Medicare allowable costs of care relating to payments on line 5.

6

283,205,322

7Subtract line 6 from line 5. This is the surplus (or shortfall).

7

-106,987,640

8Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.

☐ Cost accounting system

☐ Cost to charge ratio

☒ Other

Section C. Collection Practices

9aDid the organization have a written debt collection policy during the tax year?

9a

Yes

9bIf "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.

9b

Yes

Part IVManagement Companies and Joint Ventures

(owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1AUSTIN CYBERKNIFE LLC	RADIATION OUTPATIENT TREATMENT PROCEDURE	20 %		20 %
2CEDAR PARK HEALTH SYSTEM LP	OUTPATIENT SURGERY CENTER	20 %		20 %
3STRICTLY PEDIATRICS SURGERY CENTER OF CENTRAL TEXAS LLC	PEDIATRIC AMBULATORY SURGERY CENTER	25 45 %		25 9 %
4CTRH LLC	OUTPATIENT CLINIC	20 %		20 %
5				
6				
7				
8				
9				
10				
11				
12				
13				

[illegible]

Section B. Facility Policies and Practices

A

Community Health Needs Assessment		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) SEE STATEMENT		
b	<input type="checkbox"/> Other website (list url)		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
a	If "Yes" (list url) https://www.seton.net/search/#implementation strategy		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

		A	
Name of hospital facility or letter of facility reporting group			
		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100.0 % and FPG family income limit for eligibility for discounted care of 375.0 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V

Facility Information (continued)

A

Name of hospital facility or letter of facility reporting group

19

Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

If "Yes," check all actions in which the hospital facility or a third party engaged

a

☐ Reporting to credit agency(ies)

b

☐ Selling an individual's debt to another party

c

☐ Actions that require a legal or judicial process

d

☐ Other similar actions (describe in Section C)

20

Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)

a

☒ Notified individuals of the financial assistance policy on admission

b

☒ Notified individuals of the financial assistance policy prior to discharge

c

☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills

d

☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

e

☐ Other (describe in Section C)

f

☐ None of these efforts were made

19

Yes

No

Policy Relating to Emergency Medical Care

21

Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

a

☐ The hospital facility did not provide care for any emergency medical conditions

b

☐ The hospital facility's policy was not in writing

c

☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)

d

☐ Other (describe in Section C)

21

Yes

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22

Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

a

☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged

b

☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged

c

☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged

d

☒ Other (describe in Section C)

23

During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24

During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

22

23

24

No

No

Schedule H (Form 990) 2015

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

B

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply) a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility b <input checked="" type="checkbox"/> Demographics of the community c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community d <input checked="" type="checkbox"/> How data was obtained e <input checked="" type="checkbox"/> The significant health needs of the community f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs j <input type="checkbox"/> Other (describe in Section C) 4 Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u> 5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	5	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6a	Yes
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply) a <input checked="" type="checkbox"/> Hospital facility's website (list url) <u>SEE STATEMENT</u> b <input type="checkbox"/> Other website (list url) _____ c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility d <input checked="" type="checkbox"/> Other (describe in Section C) 8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 9 Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u> 10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	6b	Yes
a If "Yes" (list url) <u>https://www.seton.net/search/#implementation-strategy</u> b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	7	Yes
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed 12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax? c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____	8	Yes
	10	Yes
	10b	No
	12a	No
	12b	

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

		B				
Name of hospital facility or letter of facility reporting group						
			<table><tr><td></td><td>Yes</td><td>No</td></tr></table>		Yes	No
	Yes	No				
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100.0 % and FPG family income limit for eligibility for discounted care of 375.0 %					
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)					
c	<input checked="" type="checkbox"/> Asset level					
d	<input checked="" type="checkbox"/> Medical indigency					
e	<input type="checkbox"/> Insurance status					
f	<input type="checkbox"/> Underinsurance discount					
g	<input type="checkbox"/> Residency					
h	<input type="checkbox"/> Other (describe in Section C)					
14	Explained the basis for calculating amounts charged to patients?	14	Yes			
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes			
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application					
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application					
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process					
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications					
e	<input type="checkbox"/> Other (describe in Section C)					
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/					
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/					
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/					
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)					
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)					
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)					
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility					
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP					
i	<input checked="" type="checkbox"/> Other (describe in Section C)					
Billing and Collections						
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes			
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP					
a	<input type="checkbox"/> Reporting to credit agency(ies)					
b	<input type="checkbox"/> Selling an individual's debt to another party					
c	<input type="checkbox"/> Actions that require a legal or judicial process					
d	<input type="checkbox"/> Other similar actions (describe in Section C)					
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted					

Part V

Facility Information (continued)

B

Name of hospital facility or letter of facility reporting group

19

Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?

If "Yes," check all actions in which the hospital facility or a third party engaged

a

☐ Reporting to credit agency(ies)

b

☐ Selling an individual's debt to another party

c

☐ Actions that require a legal or judicial process

d

☐ Other similar actions (describe in Section C)

20

Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)

a

☒ Notified individuals of the financial assistance policy on admission

b

☒ Notified individuals of the financial assistance policy prior to discharge

c

☒ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills

d

☒ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy

e

☐ Other (describe in Section C)

f

☐ None of these efforts were made

19

Yes

No

19

No

21

Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

If "No," indicate why

a

☐ The hospital facility did not provide care for any emergency medical conditions

b

☐ The hospital facility's policy was not in writing

c

☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)

d

☐ Other (describe in Section C)

21

Yes

22

Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

a

☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged

b

☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged

c

☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged

d

☒ Other (describe in Section C)

23

During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24

During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

22

23

24

No

No

Schedule H (Form 990) 2015

Part V

Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
Seton Shoal Creek Hospital

Name of hospital facility or letter of facility reporting group

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):8

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	Yes
If "Yes," indicate what the CHNA report describes (check all that apply)			
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 15		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	Yes
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes
If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) https://www.seton.net/wp-content/uploads/2016/06/Shoal-Creek-CHNA-2016.pdf		
b	<input type="checkbox"/> Other website (list url)		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 15		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	Yes
https://www.seton.net/wp-content/uploads/2015/05/SSC-Implementation-Strategy-2016-FINAL2.pdf			
a	If "Yes" (list url) Strategy-2016-FINAL2.pdf		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	No
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

		Seton Shoal Creek Hospital	
Name of hospital facility or letter of facility reporting group			
		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 100.0 % and FPG family income limit for eligibility for discounted care of 375.0 %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14	Yes
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		
Billing and Collections			
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17	Yes
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Seton Shoal Creek Hospital

Name of hospital facility or letter of facility reporting group			Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? If "Yes," check all actions in which the hospital facility or a third party engaged a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Actions that require a legal or judicial process d <input type="checkbox"/> Other similar actions (describe in Section C)	19		No
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply) a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? If "No," indicate why a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)	21	Yes	
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged d <input checked="" type="checkbox"/> Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? If "Yes," explain in Section C	23		No
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? If "Yes," explain in Section C	24		No

Part V **Facility Information** *(continued)*

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation

Part V Facility Information *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 7

Name and address	Type of Facility (describe)
1 Northwest Surgery Center LLP 11111 Research Blvd Suite LL3 AUSTIN, TX 78759	Outpatient Surgery Center
2 Medical Park Tower Surgery Center LLC 1301 West 38th St AUSTIN, TX 78705	Outpatient Surgery Center
3 The Surgery Center at Williamson LLC 301 Seton Parkway ROUND ROCK, TX 78665	Outpatient Surgery Center
4 Seton McCarthy Community Health Center 2811 East Second Street AUSTIN, TX 78702	Outpatient Clinic
5 Seton Kozmetsky Community Health Center 3706 S First Street AUSTIN, TX 78704	Outpatient Clinic
6 Seton Topfer Community Health Center 8913 Collinfield Road AUSTIN, TX 78758	Outpatient Clinic
7 Towers Nursing Home 907 Garwood Street SMITHVILLE, TX 78957	Skilled Nursing Center
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization’s financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization’s hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 PROMOTION OF COMMUNITY HEALTH - PART 2</p>	<p>- Behavioral Health Assessment & Resource Navigation Provide free behavioral health assessments and navigate individuals to community behavioral health providers 5,720 individuals impacted - Behavioral Health School Campus Counseling I Increase access to behavioral health services on school campuses 5,875 individuals impacted - Behavioral Health School Campus Counseling II Increase access to behavioral health services on school campuses 590 individuals impacted - Care Transitions Coordinate and monitor care for patients with chronic disease from hospital to home 5,876 individuals impacted - Chronic Care Management - Adults Provide treatment and care coordination for adults with chronic condition(s) or serious injury 2,600 individuals impacted - Chronic Care Management - Community Clin ics Provide treatment and care coordination for adults with chronic condition(s) or serious injury 2,350 individuals impacted - Chronic Care Management - Pediatrics Provide specialty treatment and care coordination for children with high disease complexity 1,050 individuals impacted - Culturally Competent Care Training Provide staff training to increase awareness of the diverse populations and cultures served 6,420,000 encounters - Diabetes Chronic Care Standardize testing routines for individuals at-risk or with diabetes and communicates the discharge plan directly to follow-up provide 9,500 individuals impacted - ED Patient Navigation Navigate emergency department to a medical home 400 individuals impacted - Family & Child Obesity Deliver a multi-delivery approach to prevent and treat childhood obesity 1,025 individuals impacted - Language Services Resource Center Centralize language services and adds qualified healthcare interpreters 76,670 encounters - Obstetrics Care Navigation Provide pre- and post-natal navigation for Hispanic women 600 individuals impacted - Palliative Care Program Create palliative care program for individuals with chronic or terminal illness 6,239 encounters - Post-Graduate Training for Psychiatric Specialties Provide new psychiatric residencies and fellowships 21,000 encounters - Psychiatric Emergency Department Create a new psychiatric emergency department 5,475 individuals impacted - Psychiatric Telemedicine Expand inpatient and ED telepsychiatry services 1,859 encounters - Substance Use Disorder Navigation Navigate individuals at risk of a substance use disorder to intervention and treatment 3,917 encounters - Women's Oncology Care Navigation Provide navigation services from cancer diagnosis to treatment, as well as cancer survivorship support services for women 450 individuals impacted - Women's Oncology Care Screening Expand mobile mammography and cervical screenings 8,762 individuals impacted Accomplishments 1 The overall goal and anticipated impact of Seton's DSRIP projects is to provide better health care at a lower cost in the right setting Seton's DSRIP projects have been highly successful and have met or exceeded most of their stated goals 2 The Behavioral Health School Campus Counseling projects implemented a new summer program to support improved continuity of care during the summer months The program provided daily lunches, trips through the community for cooperative volunteer projects, and an end of summer celebration Planning is currently underway to expand this program to serve more students in the summer of 2017 3 Chronic Care Management projects have made progress toward establishing value-based payment models to support sustainability and long-term cost savings The Chronic Care Management-Adult project has developed processes to support successful transitions of care for patients with congestive heart failure and patients receiving total joint replacement surgery The Chronic Care Management-Pediatric project has begun discussions with the Managed Care Organizations serving their population related to pay-for quality contracting Community Health Centers Seton operates three community health centers ("the Community Health Centers") Seton McCarthy Community Health Center, Seton Topfer Community Health Center and Seton Kozmetsky Community Health Center Each Community Health Center offers primary care, laboratory, case management and health education services to Austin's working families Family medicine, internal medicine and pediatric physicians, and nurse practitioners provide sick child care, well child check-ups and immunizations The Community Health Centers also provide specialty care in endocrinology, orthopedics, psychiatry and Academy of Oriental Medicine of Austin The Community Health Centers participate in the Patient Pharmacy Assistance Program (PPAP) for patients and use a sliding-scale co-pay to keep services within the reach of working families who otherwise would not be able to afford medical care Comprehensive social services also support the Community Health Centers' medical mission During</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 PROMOTION OF COMMUNITY HEALTH - PART 2</p>	<p>FY16, the Centers provided -27,031 outpatient medical visits -13,152 social service encounters -6,080 immunizations Also in FY16, the Centers provided care and other services to 11,859 patients, 16% of who did not have health insurance coverage Seton Care Plus Seton Care Plus creates a managed care model for uninsured patients who are not eligible for Medicaid, the Children's Health Insurance Program (CHIP) or the Austin/Travis County Medical Assistance Program (MAP) or a subsidy for insurance through the Affordable Care Act (ACA) Marketplace Just as with commercial insurance populations, use of medical services by program patients are tracked and monitored Frequent users of emergency or hospital services can be identified and managed to assure they get the care they need and to better manage their conditions in a less expensive manner The Seton Community Health Centers are the primary care home for the Seton Care Plus patients Although there is a cost to Seton Family of Hospitals to operate the program, the benefits of preventing inappropriate use of emergency or hospital care are far greater Direct patient benefits of the Seton Care Plus program include primary care with wrap-around support services including social services (social work, eligibility and prescription assistance) integrated behavioral health (Psychiatry and Therapy), diabetes education (nurse educators, case managers and nutritionist), nurse case managers for patients with complex medical conditions, acupuncture, chi gong, yoga, Zumba, inpatient/outpatient hospital care, diagnostic services, prescription benefits and access to specialty care (through area specialists willing to provide discounted services to patients) The prescription benefit is a key factor in preventing inappropriate ER visits and unnecessary hospitalizations, as patients were assisted in applying for free or reduced medications through the Patient Pharmacy Assistance Program (PPAP) and the Dispensary of Hope programs when the meds were available and for a copay with their Seton Care Plus card for those essential medications that do not have an assistance program Through the PPAP and Dispensary of Hope Programs 2,743 prescriptions were filled with an estimated savings of \$2,429,024 Seton provided funding for 4,078 prescriptions at an estimated cost of \$337,420 in FY16 Primary & Specialty Care Clinics Seton operates the Paul Bass Clinic at University Medical Center Brackenridge, a primary care clinic for the uninsured and underinsured Seton also provides care to the poor and the vulnerable through several Rural Health Clinics serving Caldwell, Burnet, Llano and Lampasas Counties Seton operates two specialty care clinics for the uninsured The Specialty Clinics at University Medical Center Brackenridge and the Specialty Clinic for Children Both provide access to a variety of medical specialists for patients whose conditions require specialized treatment The clinics also provide specialty referral options for the Austin/Travis County clinics, CommUnity Care, an FQHC operated by Central Health, the Travis County health district The Paul Bass and the Sub-Specialty clinics had 9,879 total unique patients in FY16</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 PROMOTION OF COMMUNITY HEALTH - PART 3</p>	<p>Mobile Primary Care Vans Three mobile primary care teams address the unmet health needs of children from low-income families in Travis, Burnet, Caldwell, Llano, and Lampasas Counties, by driving to area schools and churches to provide care. Children's Health Express van serves the Austin area and provides services at specified Austin public school sites. The program includes a specialized service to about 320 pregnant and parenting students and their babies at four Austin high schools. During FY 16, the Children's Health Express van conducted 1,121 primary care visits. Seton Edgar B. Davis Hospital Children's Care-A-Van ("SEBD Care-A-Van") serves children in Caldwell County and surrounding counties by parking in local area schools and churches. The SEBD Care-A-Van responds to a need for affordable and accessible health care in this rural county, where pediatric care is scarce and there are no other providers for uninsured children or children enrolled in the Children's Health Insurance Program (CHIP) or Medicaid. In addition to caring for underinsured, uninsured and Medicaid, CHIP recipients, the SEBD Care-A-Van serves as a primary medical home for all children and provides access to care for those families who are challenged with lack of transportation. The SEBD Care-a-Van is one of two pediatric Medicaid providers to serve the entire county. The SEBD Care-A-Van provided services to 1,942 children in FY 16. Seton Highland Lakes Hospital Care-A-Van ("SHL Care-A-Van") serves children in Burnet, Llano and Lampasas Counties by parking in local area schools and churches. The SHL Care-A-Van responds to a need for affordable and accessible health care in this rural county, where pediatric care is scarce and there are no other providers for uninsured children or children enrolled in the Children's Health Insurance Program (CHIP) or Medicaid. The SHL Care-a-Van provided services to 1,401 children in FY 16. Seton Patient Prescription Assistance Program (PPAP) The PPAP improves access to medications for patients at Seton hospitals and outpatient settings. Seton provides assistance to uninsured patients with the often tedious and complex paperwork required by the pharmaceutical companies to receive these free medications. Patients benefit from reduced costs and ultimately better health. Medical Education Seton trains nearly 300 residents each year and invests \$29 million annually in the training of these resident physicians. In FY16, Seton provided 92 directly- and jointly-provided Continuing Medical Education activities that included 1,513 25 hours of instruction for 9,289 physician participants and 11,125 non-physician participants. Research Seton invests millions of dollars in research. In 2016, Seton received 122 requests for IRB review. An additional 47 studies were reviewed externally. The top five therapeutic areas for research studies include Oncology/Hematology, Trauma (see below), Neurology, Psychology/Psychiatry and Cardiology. Two specific examples of research led at Seton include Adult Trauma Research. The trauma patient population is a unique area to focus inquiry for research activities. Many evidence-based practices have originated from trauma related research and have applications to other disease processes and outcomes. Multidisciplinary collaborative efforts through the UMCB trauma program produced timely clinical knowledge with application for practicing clinicians. Pediatric Trauma Research The pediatric Trauma Research Program focuses on the epidemiologic, clinical and behavioral study of childhood injury, injury prevention and trauma clinical care, with the ultimate goal of informing and guiding improved clinical practices. The Trauma Research Program includes five topic areas - Child abuse prevention, detection and treatment - Alcohol misuse by adolescents and their caregivers - Psychological aspects of trauma - Evaluation of injury prevention programs in the community - Investigation of best-practice clinical care for injured patients</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP - PART 2	<p>PROVIDENCE HOSPITALS Providence Health Services of Waco Providence Health Services of Waco d/b/a Providence Healthcare Network ("Providence Healthcare Network") provides a full range of care, including outpatient care, inpatient care, emergency services, long-term care, mental health care, chemical dependency treatment, pediatric care, senior adult care services, and more Providence Healthcare Network proudly serves as a member of Ascension Health, the nation's largest catholic and largest not-for-profit health system Since being founded by the Daughters of Charity in 1905 as a ministry to the suffering, Providence Healthcare Network and its affiliated divisions have been dedicated to providing accessible, safe, and quality healthcare to all patients regardless of their ability to pay Providence Healthcare Network is a comprehensive healthcare network that operates several facilities including the Health Center, DePaul Center, home care/durable medical equipment, Providence Park and 23 clinics in the Waco, Texas area Network-wide in FY16, our ministry provided almost \$33 million in community health services, professional education, subsidized healthcare, research, financial contributions, and other community building activities Providence Foundations, Inc Revenue generated from Providence Foundation, Inc and Providence Volunteer Services is used to support Providence Healthcare Network's mission to improve customer care and allow the Providence Hospitals to provide quality healthcare to all patients Providence Health Alliance Providence Health Alliance is a Texas non-profit health organization established to serve as a managed care contracting network for network facilities, the Providence Medical Staff and other affiliated providers throughout the Central Texas area The Providence Health Alliance is also responsible for operating the Providence Clinic Network which is comprised of twenty-six clinics The Providence Clinics provide convenient healthcare for every member of the family From routine physicals and preventive medicine to treatment of illness and injury, our team of health professionals dedicated to healthcare excellence provides a diverse range of services Care4Texan Network, Inc Care4 Texans Network, Inc ("C4T") has been established as a locally-owned, physician-led, clinically integrated network to empower our provider community to collaboratively improve the way care is delivered locally to succeed in the changing healthcare landscape With support from Providence Healthcare Network, C4T will invest in the care coordinator and IT infrastructure and analytics capabilities we need to effectively manage population health Through these efforts, we can collectively enter into payer contracts that align quality incentives with this new approach to care</p> <p>CLINICAL ENTERPRISE Seton Clinical Enterprise Corporation Purpose and Activities Seton Clinical Enterprise Corporation is a board-only holding corporation which is used as the controlling entity of the non-profit health organizations affiliated with the Seton Hospitals Austin Children's Chest Associates Purpose and Activities Austin Children's Chest Associates II ("ACCA") is organized as a Texas non-profit health organization pursuant to Texas laws and the Texas Medical Board's rules and regulations governing non-profit health corporations Accomplishments 1 Opening of Cedar Park with Dr Danielle Beachler serving the pediatric pulmonary patient population in the North Market 2 Provided 7003 patient visits in FY16 for pediatric pulmonary and sleep medical care services to Central Texas children 3 Provided asthma medical care for 214 patients with socioeconomic barriers to the pediatric population of Central Texas 4 Provided comprehensive medical care services to the pediatric population of Central Texas with Cystic Fibrosis, at the Specialty Care Center located at Dell Children's Medical Center, a member of the Seton Hospitals ("Dell Children's Medical Center") Children's Bone Joint and Spine Center Purpose and Activities Children's Bone Joint and Spine Center ("SBJSC"), is a Texas non-profit health organization that has assembled an expert, multidisciplinary team of physicians and other medical professionals to cover the spectrum of pediatric and adolescent orthopedic medicine SBJSC are at the forefront of a program through Dell Children's Medical Center dedicated to improving access to and care for pediatric and adolescent orthopedic conditions in Central Texans SBJSC contracts with board-certified physicians specializing in pediatric and adolescent orthopedic medicine Inpatient and outpatient treatment is provided to the community for the following - General Orthopedics - Fractures and Trauma - Spine - Foot & Ankle - Sports Medicine - Hand and Upper Extremity - Neuromuscular Some of the services listed above operate at a loss in order to ensure that all services are available to meet community health care needs SBJ</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP - PART 2</p>	<p>SC furthers its charitable purposes by providing pediatric and adolescent medicine services to the community especially those who are most vulnerable Accomplishments 1 Providing complex pediatric orthopedic care to Central Texas children, 2 Supporting the training of pediatric resident physicians and collaborating on the development of a medical education curriculum in field of pediatric orthopedic medicine, 3 Engaging in the instruction of the general public in the area of pediatric medical care, public health, hygiene and related instruction useful to the individual and beneficial to the community, 4 Developing a single, unified, integrated delivery system to provide high quality, cost effective, tertiary health care services to infants, children and adolescents within SBJSC's service area, 5 Providing and arranging for the medical care of all socioeconomic segments of the community served and to negotiate managed care contracts with third party payers, and performing clinical and translational research Healthcare Collaborative Purpose and Activities Healthcare Collaborative, is a Texas non-profit health organization that, through an exclusive professional services agreement ("PSA"), has assembled women's health physicians and other medical professionals to provide the general continuum of women's healthcare (Obstetrics and Gynecology) in Williamson County, Texas Healthcare Collaborative, through the PSA, is dedicated to improving access to women's health services in Williamson County especially for those in our population who are most vulnerable Women's Health Services provided to the community through Healthcare Collaborative include but are not limited to 1 Well Woman - Pap Smear - BRCA Testing - Pelvic Exam - Breast Self-Awareness - Mammograms - Women's Weight Loss 2 Gynecology - Endometriosis - Weight Management - Osteoporosis - Pelvic Pain - Urinary Incontinence - Urinary Tract Infection - Adolescent Gynecology 3 Obstetrics (prenatal and postpartum care) - First Prenatal Visit - Prenatal Tests - High Risk Pregnancy - Postpartum Care at the Hospital - Postpartum Follow up Care - Preconception Planning 4 Gynecological Surgery - Minimally invasive surgery - Laparoscopy - Robotic surgery Some of the services listed above operate at a loss in order to ensure that all services are available to meet community health care needs Healthcare Collaborative furthers its charitable purposes by providing a broad array of women's health services to the community Accomplishments 1 Established clinical relationship through PSA agreement provides expanded access to women's health services in Williamson County</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP - PART 3</p>	<p>Institute of Reconstructive Plastic Surgery of Central Texas Purpose and Activities The Institute of Reconstructive Plastic Surgery of Central Texas, dba Seton Institute of Reconstructive Plastic Surgery (SIRPS), is a sub-specialty 501(c)(3) charitable organization that provides patient care and educational programs and organizes and directs clinical and basic science research programs SIRPS serves the patient populations of University Medical Center Brackenridge (UMC Brackenridge), Seton Medical Center Williamson and other regional hospitals UMC Brackenridge and Seton Medical Center Williamson are operated by a related tax-exempt organization, Seton Family of Hospitals SIRPS faculty represents a variety of subspecialties, including Wound Care, Hand, Breast, Craniofacial and Reconstructive Plastic Surgery Many SIRPS patients are covered by government insurance programs, including Medicare, Medicaid and managed Medicaid or were self-pay or charity Faculty members hold leadership positions in a variety of local, regional and national professional organizations In addition, SIRPS physicians were or are - Actively involved in resident, medical student and allied health education - An integral part of UMC Brackenridge acquiring and maintaining Level I Trauma Center status - An integral part of Seton Medical Center Williamson acquiring and maintaining Level II Trauma Center status Accomplishments 1 Provided 13,502 patient visits in FY16 2 SIRPS faculty a Provided leadership and direction for development of the following multi-disciplinary programs at UMC Brackenridge Hand Center, Breast Center, Craniofacial Center, Wound Care and Plastic Surgery b All achieved Dell Medical School faculty status c Gave numerous presentations, served as chairs on committees such as American Plastic Surgery Society and the Rhinoplasty Society, and sat on committees for various professional societies and groups Pediatric Critical Care Associates Purpose and Activities Pediatric Critical Care Associates (PCCA) is a tax-exempt pediatric sub-specialty 501(c)(3) nonprofit corporation dedicated to providing quality patient care to the critically ill children of Central Texas that present to the pediatric intensive care unit at Dell Children's Medical Center, which serves a 46-county area in Central Texas Dell Children's Medical Center is the only dedicated pediatric facility in the region and is operated by a related tax-exempt organization Seton Family of Hospitals The physicians at PCCA are all board certified Pediatric Intensivists PCCA physicians are an integral component of the pediatric trauma team and participate in multiple hospital-wide quality improvement projects Involvements - Participate in the Pediatric Acute Lung Injury and Sepsis Investigation (PALISI) We are conducting National Institute for Health (NIH), Centers for Disease Control (CDC) and corporately-sponsored multi-center clinical research We are studying new therapies for acute hypoxemic respiratory failure and the courses of critical pertussis and influenza infections - Serve as teaching faculty for pediatric residency program, emergency room residents and fellows, medical students, nursing students, respiratory therapists and pre-hospital emergency personnel - All of our staff members are either full or adjunct faculty at the Dell Medical School Accomplishments 1 Ongoing research studies through the Pediatric Palliative Care Program, established in 2006 Two peer reviewed articles have been published as a result of this research 2 Expanded and continue to provide medical directorship for the pediatric transport team Dell Children's Medical Center performs more than 1,000 patient transports per year This benefits both local children and those outside the Austin Metro area 3 Continue to provide medical directorship for the Pediatric Intermediate Care Unit (IMC), the PICU, the Pediatric Transport Team and ECMO 4 Recognized for teaching excellence in support of pediatric resident education 5 Development and delivery of annual seminar for pediatric residents on communicating bad news to families 6 Development of hospital wide protocol to standardize care of patients with complicated bacterial pneumonia PCCA Community Outreach Activities Physicians with Pediatric Critical Care Associates participate in a variety of community outreach activities including - Milagros Family support group for patients with congenital heart disease - Heartgift Program PCCA physicians provide medical services for pediatric cardiac patients from foreign countries who travel to Austin for care - Spine Hope A non-profit organization that transforms the lives of children with spinal deformities worldwide through surgery, education and research - Sammy's House Daycare for medically fragile infants and children - Physicians serve on the Board of Directors of Seton Clinical Enterprise Corporation and the Physician Leadership Board and also on</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP - PART 3</p>	<p>the Board of Trustees for the Children's Hospital Foundation - Courageous Kids Annual reunion for PICU survivors and their families Pediatric Surgical Subspecialists Purpose and Activities Pediatric Surgical Subspecialists dba Pediatric Specialty Services (PSS) is organized as a Texas non-profit health organization pursuant to Texas laws and the Texas Medical Board's rules and regulations governing non-profit health corporations Accomplishments 1 Provided 96,071 patient visits in FY16 2 Provided pediatric subspecialty medical care to Central Texas children, 3 Supported medical education and developing the capabilities of individuals and institutions to teach and practice medicine, especially the field of pediatric medicine, 4 Engaged in the instruction of the general public in the area of pediatric medical care, public health, hygiene and related instruction useful to the individual and beneficial to the community, 5 Developing a single, unified, integrated delivery system to provide high-quality, cost effective, tertiary health care services to infants , children and adolescents within the PSS service area, 6 Providing and arranging for the medical care of all socioeconomic segments of the community served and to negotiate managed care contracts with third-party payers, and performing clinical and translational research Seton ENT Purpose and Activities Seton ENT (SENT) is organized as a Texas non-profit health organization pursuant to Texas laws and the Texas Medical Board's rules and regulations governing non-profit health corporations Accomplishments 1 15,466 patient visits in 2016 2 Employed a new physician who participates in a multi-disciplinary vascular clinics for complex patients, and who has a special interest in neck and thyroid masses 3 Expended the Cochlear Implant program, performing implant procedures on 17 patients 4 Developing a single, unified, integrated delivery system to provide high-quality, cost effective, tertiary health care services to infants, children and adolescents within the SENT service area Seton Family of Pediatric Surgeons Purpose and Activities Seton Family of Pediatric Surgeons (SFPS) is organized as a Texas non-profit health organization pursuant to Texas laws and the Texas Medical Board's rules and regulations governing non-profit health corporations Accomplishments 1 Providing pediatric general and trauma surgery at the only Level 1 Pediatric Trauma Center in Central Texas, 2 Supporting medical education and developing the capabilities of individuals and institutions to teach and practice medicine , especially the field of pediatric medicine, 3 Engaging in the instruction of the general public in the area of pediatric medical care, public health, hygiene and related instruction useful to the individual and beneficial to the community, 4 Developing a single, unified, integrated delivery system to provide high-quality, cost effective, tertiary health care services to infants, children and adolescents within the SFPS service area, 5 Providing and arranging for the medical care of all socioeconomic segments of the community served and to negotiate managed care contracts with third-party payers, and performing clinical and translational research 6 Opened a new office in Cedar Park to provide care closer to home for our patients in the North</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP - PART 4</p>	<p>Seton Family of Physicians Purpose and Activities Seton Family of Physicians f/k/a Tri-Co unty Practice Association ("SBSI"), is a non-profit corporation that has assembled an expe rt, multidisciplinary team of physicians and other medical professionals to cover the enti re spectrum of brain and spine care SBSI research and clinical trials are at the forefron t of a program dedicated to improving neurosciences care for all Central Texans SBSI empl oys or contracts with more than 30 board-certified physicians specializing in neurosurgery , orthopedic surgery, neurology and physical medicine and rehabilitation Inpatient and ou tpatient treatment is provided to the community for the following - Brain and spine tumor s - Epilepsy - Scoliosis Degenerative Disc Disease - Painful spine conditions - Stroke - S pinal cord injury - Memory disorders - Movement disorders - Traumatic brain injury - Concu ssions Medical services include - Neurology - Neurosurgery - Orthopedic spine - Physical medicine and rehabilitation Some of the services listed above operate at a loss in order t o ensure that all services are available to meet community health care needs SBSI further s its charitable purposes by providing a broad array of services to the community Its inv estment in research also provides access to state-of-the-art technology, medications and t reatment protocols This allows SBSI healthcare practitioners to experience and share new and emerging evidence based treatment options on the leading edge of science This relatio nship between research and practice, combined with SBSI's collaborative and interdisciplinary care model, leads to more advances and exceptional outcomes for Central Texas patients Accomplishments 1 Established clinical relationships through affiliation with Dell Med ical School advancing knowledge and treatment options for patients through Central Texas 2 Establish clinical and administrative relationships in the Austin community to enhance the transitions to care from inpatient to outpatient 3 Provided physician support to the Seton Family of Hospitals network stroke program providing expert stroke care to patients within the Seton Hospitals Seton Medical Group Purpose and Activities Seton Medical Gro up ("SMG") is a Texas non-profit health organization that provides medical staffing for a related tax exempt organization, Seton Family of Hospitals Physicians with SMG work with patients at Seton Family of Hospitals' urban and rural community health centers and clinic s to address a variety of healthcare needs Sliding-fee scales make the centers' services affordable in an effort to provide access for families who would otherwise not be able to afford medical care Facilities include - Seton Burnet Healthcare Center - Seton Marble F alls Healthcare Center - Seton Bertram Healthcare Center - Seton Pedi Care-A-Van - Seton L ockhart Center for Healthcare - Seton Community Health Centers (McCarthy, Kozmetsky, Topfe r) - Seton Luling Family Medical Clinic - Children's Health Express - Seton Total Health P artners In 2016, Seton Community Clinic Medical Encounters totaled 27,041 Accomplishments 1 The DSRIP Team reached and exceeded their annual patient volume goal of providing Car e Navigation and Case Management services to 1200 patients, and they reached this goal one month ahead of schedule 2 McCarthy specialty clinics served the following patients durn g 2016 a 43 patients seen for Podiatry referrals b 83 patients seen for Dermatology re ferrals c 33 patients seen for Neurology referrals d 32 female patients seen for Colposc opy referrals 3 New Ob/GYN volunteer started with us in June 2016 working 3 clinics/month Seton/UT Austin Dell Medical School University Physicians Group Purpose and Activities Seton/UT Austin Dell Medical School University Physicians Group ("SUUPG") is organized to provide graduate and undergraduate training programs in Austin, through the leadership of the full-time faculty of the University of Texas Dell Medical School ("DMS") Combining re al world clinical experience with quality, evidence based, personalized instruction, medic al residents gain the skills needed to build successful careers in medicine in the communi ties they service In turn, those residents along with medical students and faculty member s provide coverage at multiple local hospitals and clinics throughout the Central Texas re gion Accomplishments 1 Some of the facilities benefiting from SUUPG include those opera ted by health care organizations, the Health Care District, Veterans Administration, and c ity, county and state mental health organizations SUUPG continues to build and strengthen sustainable collaborative efforts that benefit the health of individuals, families and so ciety as a whole SUUPG is home to Austin's graduate medical education program and fellows hip training programs Ascension Texas has entered into a long-term affiliation with The U niversity of Texas at Austin, together with the Bo</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP - PART 4</p>	<p>ard of Regents of The University of Texas System to provide graduate and undergraduate training programs at the DMS in Austin 2 SUUPG furthers this goal through delivery of direct patient care services, including care to the elderly and indigent, as well as patient education and health awareness programs for the community Available services are provided to people in the community without regard to the patient's race, creed, national origin, economic status, or ability to pay 3 The following inpatient and outpatient medical services are provided to the community Family Medicine Internal Medicine Gastroenterology Endocrinology Infectious Disease Dermatology Pediatrics Psychiatry - Adult/Child/Geriatric Women's Health - full continuum - Surgery - trauma and general Rheumatology (inpatient) 4 Some of the services listed above charge patients on a sliding scale or without regard to the patient's ability to pay in order to ensure that all services are available to meet community health care needs As a physician practice, SUUPG provides a substantial portion of its services to the elderly and poor 5 SUUPG seeks to improve the health status of its surrounding community by providing inpatient and outpatient medical and psychiatric services in multiple locations throughout the region Services are extended not only to its tax exempt corporate member, Seton Clinical Enterprise Corporation, but to other tax exempt entities throughout the community, some of which include Austin Independent School District Austin State Hospital Austin/Travis County Mental Health Mental Retardation (MHMR) Austin/Travis County MHMR Child & Adolescent Clinic Blackstock Family Health Clinic University Medical Center Brackenridge Dell Children's Medical Center Children's Shelter CommunityCare - Federally Qualified Health Center system Forensic/Federal Correctional Institution- People's Clinic St David's Medical Center (The Partnership is not an exempt organization) Seton Medical Center Seton Shoal Creek (psychiatric hospital) Seton Southwest Health Center Texas Child Study Center (in collaboration with Dell Children's Medical Center) University Physician Group Dermatologic Surgery Center (Mohs) University of Texas Counseling Center Veteran's Administration Clinics Veteran's Administration Post Traumatic Stress Disorder Clinic 6 SUUPG together with the DMS provide an extensive list of classes, seminars and materials to medical residents and staff related to each specialty All core and elective requirements for graduate medical education and undergraduate medical students are offered as specified by the Accreditation Council for Graduate Medical Education, which is responsible for the Accreditation of post-MD medical training programs within the United States 7 In addition, SUUPG trains and recruits healthcare professionals who are likely to remain in the region to meet unmet needs for physician services in both the urban and rural setting, and in so doing, provides direct physician services to the public, including a significant number of the persons who are elderly or poor Development of new physicians is an integral part of improving community health status in the future</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP - PART 5</p>	<p>'Specially for Children Children's Hospital Subspecialists of Central Texas Purpose and Ac tivities 'Specially For Children Children's Hospital Subspecialists of Central Texas ("SFC") is a non-profit pediatric sub-specialty physician organization that provides specializ ed care for hospitalized patients and outpatients of the Dell Children's Medical Center, whic h serves a 46- county area in Central Texas Dell Children's Medical Center is the only dedicated pediatric facility in the region and is operated by a related tax-exempt organiz ation, Seton Family of Hospitals The mission of SFC is to provide comprehensive pediatric subspecialty healthcare services that meet the needs of all children within the communiti es served SFC is widely recognized in Central Texas as a leader in the evaluation and tre atment of children and adolescents with special needs and complex medical conditions It i s the only group of its kind in the region, playing an integral role in the development of a comprehensive, pediatric multi- disciplinary team approach to caring for children Furth er, each of the group's pediatric specialists has advanced training in a medical subspecia lty and has specifically chosen to work with children The physicians of SFC provide state -of-the-art diagnosis, treatment and clinical management of children and adolescents to me et the healthcare needs of patients and organizations in the community The availability o f these essential medical services helps to improve the overall health status of the regio n and offers young patients personalized care in a child friendly environment The physi ci an specialists employed by SFC are experts in many different areas of pediatric medicine a nd provide comprehensive, high quality clinical care for children and adolescents from bir th through eighteen years of age The group, originally formed in 1996 with six pediatric subspecialists, has expanded to better serve the needs of Central Texas and today, consist s of more than 37 pediatric subspecialists in the area including - Pediatric Allergy, Ast hma & Immunology - Pediatric Dermatology - Pediatric Endocrinology and Diabetes Care - Ped iatric Gastroenterology and Nutrition - Pediatric Hematology and Oncology - Pediatric Infec tious Diseases/Adoption and Travel Clinic - Pediatric Nephrology and Dialysis Services - Palliative Care - Pediatric Rheumatology - Clinical Genetics - Comprehensive Complex Care Clinic - A medical home for children with complex chronic medical conditions SFC participa tes in a variety of community outreach activities including - Project Access Travis Coun ty Medical Society program to provide free care to uninsured in the community in collabora tion with hospital and primary care service providers - Camp Bluebonnet Pediatric Hemato logy/Oncology Program participates in this camp for cancer and blood disorder patients and their families - Heartgift Program Physicians provide medical services for pediatric ca rdiac patients from foreign countries who travel to Austin for care - Camp Okawehna Neph rology participates in this camp for kids on dialysis or kids that have had kidney transpl ants - Camp Bluebonnet Endocrinology Program participates in this camp for kids with dia betes In addition, dedicated social workers counsel patients who need assistance connecti ng with other community resources, including Any Baby Can, Texas Neuro Rehab, LifeWorks, C apital Area ARC and Halo Assistance also is provided to assist patients who qualify for M edicaid, the Austin/Travis County Medical Assistance Program and the Children's Health Ins urance Program (CHIP) Accomplishments 1 SFC's Food Allergy Program has recently been ho nored through FARE (Food Allergy Research and Education) the award of a Clinical Center of Excellence 2 Endocrinology was certified by the American Diabetes Association 3 SFC op ened a Cedar Park location Tri-County Clinical Purpose and Activities Tri-County Clinica l ("TCC"), is a tax-exempt 501(c)(3) non-profit corporation dedicated to providing quality Behavioral Health care to patients and extending the continuum of care from the Seton Hos pitals to outpatient clinics TCC is a premier group of providers with more than 45 facult y and residents providers offering services TCC has worked to improve access to healthcar e in the region through its facilities in underserved in Central Texas through the Psychia tric Emergency Department, telehealth services and Seton Shoal Creek Hospital Accomplishm ents 1 For FY16 SMI/TCC Average Monthly encounters - 11,707 2 Offering embedded psycho logy services to several pediatric sub-specialty clinics 3 Collaboration with SIMS Found ation - largest outpatient provider for psychiatric services for the SIMS Foundation (Aust in Area Musicians) 4 Serving as primary training site for DMS psychiatry residency progra m 5 Serving as ATCIC contract for Seton Shoal Creek inpatient services for the underserv ed FOUNDATIONS CMC Foundation of Central Texas Pu</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP - PART 5	<p>urpose and Activities CMC Foundation of Central Texas raises philanthropic funds to support Dell Children's Medical Center, a member of the Seton Hospitals Dell Children's Medical Center serves a 46-county region in Central Texas Through its fundraising initiatives, the CMC Foundation of Central Texas contributes to health care excellence in Central Texas to serve the poor and vulnerable Through its partnerships with generous donors, community volunteers and support groups, the CMC Foundation of Central Texas helps build and strengthen sustainable collaborative efforts that benefit the health and well-being of the local community CMC Foundation of Central Texas Board of Trustees includes community, corporate and civic leaders and physicians Sources of philanthropic support include donations from individuals, foundations, corporations and civic organizations, the Children's Miracle Network, special events and volunteer support groups, including the Circle of Friends chapters, Children's Council, Children's Trust, Women's Trust and Grandparent's Club Special events such as the Annual Children's Council Gala, Circle of Friends fundraisers and Radiotthon raise funds and also awareness of Dell Children's mission to serve the health care needs of Central Texas children, including the poor and vulnerable Accomplishments 1 In FY 16, the CMC Foundation of Central Texas raised more than \$10.5 million (pledges and cash), exceeding goal by 20 percent from generous donors to support Seton Hospitals' programs, equipment and building needs and endowment for the benefit of Dell Children's Medical Center 2 Contributions supported a variety of needs including a Strategic areas in Pediatrics that align with Ascension Texas as well as provide for end programs such as child life, bereavement and palliative care b Programs, operating support and endowment for the Texas Child Study Center serving children's mental health needs c Programmatic support for pediatric obesity, trauma, neurosciences, blood and cancer disorders and child life d Operating support for the Children's Health Express serving the health care needs of low-income children in the Austin area via a mobile health van e Support for the Global Outreach Program that sends Dell Children's Medical Center physicians on missions to provide health care in underserved areas of the world</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP - PART 6</p>	<p>Seton Hays Foundation Purpose and Activities The Seton Hays Foundation raises philanthropic funds to support Seton Medical Center Hays, Seton Edgar B Davis Hospital, the Caldwell County Children's Care-A-Van, Seton Southwest Hospital, and Seton Smithville Regional Hospital, members of the Seton Hospitals Through its fundraising initiatives, the Seton Hays Foundation contributes to health care excellence and the Daughters of Charity Health Care Ministry in Central Texas to serve the poor and vulnerable Through its partnerships with generous donors, community volunteers and support groups, the Seton Hays Foundation helps build and strengthen sustainable collaborative efforts that benefit the health and well-being of the local community The Seton Hays Foundation Board of Trustees includes community, corporate and civic leaders Sources of philanthropic support include donations from individuals, foundations, corporations and civic organizations Special events raise funds and also awareness of Seton's mission to serve the health care needs of Central Texas, including the poor and vulnerable Accomplishments In FY16, the Seton Hays Foundation raised more than \$1.16 Million (cash and pledges) to support Seton programs, equipment and building needs and endowment for the benefit of Seton Medical Center Hays, Seton Edgar B Davis Hospital, the Caldwell County Children's Care-A-Van, Seton Southwest Hospital, and Seton Smithville Regional Hospital Contributions supported a variety of needs including 1 Creation of a Teleconferencing Center which is now in operation at Seton Medical Center Hays, allowing access to multi-disciplinary conferences and continuing education for Seton Hays physicians, nurses and other clinicians Seton Hays care teams can consult with Austin-based clinicians in real-time via live video to develop the best treatment plans for patients - all without leaving Hays County 2 Operational costs for the Caldwell County Children's Care-A-Van allowing it to expand to an additional fifth day of service per week This full-service mobile health unit offers quality medical care to children and adolescents newborn through age 18 in Caldwell County, serving the communities of Lockhart, Luling, Prairie Lea & Martindale Residents from Hays, Bastrop and Guadalupe Counties also utilize the Caldwell County Care-A-Van's medical services 3 Building and equipment including funds to purchase a new state-of-the-art stress test treadmill for Seton Edgar B Davis Hospital and the initial funding for a Wellness & Rehabilitation Center at Seton Medical Center Hays 4 Seton Nurse Scholarship funding and the awarding of the first Searcy Family Health Professions Scholarship at Seton Medical Center Hays</p> <p>Seton Williamson Foundation Purpose and Activities The Seton Williamson Foundation raises philanthropic funds to support Seton Medical Center Williamson and Seton Northwest Hospital, and Seton Highland Lakes Hospital, members of the Seton Family of Hospitals Through its fundraising initiatives, the Seton Williamson Foundation contributes to health care excellence and the Daughters of Charity Health Care Ministry in Central Texas to serve the poor and vulnerable Through its partnerships with generous donors, community volunteers and support groups, the Seton Williamson Foundation helps build and strengthen sustainable collaborative efforts that benefit the health and well-being of the local community The Seton Williamson Foundation Board of Trustees includes community, corporate and civic leaders, and physicians Sources of philanthropic support include donations from individuals, foundations, corporations and civic organizations Special events raise funds and also awareness of Seton's mission to serve the health care needs of Central Texas, including the poor and vulnerable Accomplishments 1 In FY 16, Seton Williamson Foundation raised \$1.79 million against a goal of \$1.1 million, 168% over goal 2 Seton Women's Development Board Gala funded the first endowment for Project SEARCH, a program that provides work opportunities for individuals with developmental disabilities 3 Kids Care-A-Van Golf Classic raised over \$230,000 (net) Seton Fund of the Daughters of Charity of St Vincent de Paul, Inc Purpose and Activities The Seton Fund of the Daughters of Charity of St Vincent de Paul ("Seton Fund") raises philanthropic funds to support Ascension Texas, including Seton Medical Center Austin, University Medical Center Brackenridge, Seton Shoal Creek Hospital and the Seton Kozmetsky, Seton McCarthy and Seton Topfer Community Health Centers Through its fundraising initiatives, the Seton Fund contributes to Seton's commitment to health care excellence and Ascension Texas in Central Texas to serve the poor and vulnerable Through its partnerships with generous donors, community volunteers and support groups, the Seton Fund helps build and strengthen sustainable collaborative efforts that benefit the health</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP - PART 6	<p>th and well-being of the local community The Seton Fund Board of Trustees includes commun ity, corporate and civic leaders, and physicians Sources of philanthropic support include donations from individuals, foundations, corporations, and civic organizations, special e vents and volunteer support groups, including the Seton Development Boards and its associa te groups across Central Texas, Elizabeth Ann Seton Board, University Medical Center Brack enridge Development Council, Seton Forum, the Fifty and League House Board Special events help raise funds and also awareness of Seton's mission to serve the healthcare needs of o ur community, including the poor and vulnerable Accomplishments 1 Raised over \$1 15 mil lion net from two galas to benefit Seton Medical Center Austin's NICU and Mother-Baby Serv ices 2 Successfully celebrated the 20th anniversary of the Seton League House, which pro vides low-cost lodging for the families of patients at nearby hospitals Increased involve ment and fundraising 3 Raised \$13,900 for the Nurse Scholarship Endowment with a success ful collaborative fundraising raffle 4 Raised over \$8 million for the Future of Care Cam paign benefiting the new teaching hospital, Dell Seton Medical Center at The University of Texas Blue Ladies Minerals, Inc Purpose and Activities The purpose of the organization is to own and manage oil, gas, mineral rights and real or personal property and remit the income to its sole member, the Seton Fund of the Daughters of Charity of St Vincent De P aul, Inc Blue Ladies minerals provide important functional support to both Seton Fund and Ascension Texas Twenty-Six Doors, Inc Purpose and Activities The only purpose of the o rganization is to hold title to real property and remit the income generated to its shareh older The property consists of certain real property known as the Twenty-Six Doors shoppin g center located in Austin, Texas The organization's sole shareholder is the Seton Fund of the Daughters of Charity of St Vincent De Paul, Inc Fickett Health Legacy, Inc The p urpose of the organization is to hold and collect income from certain real property, and r emit such income to its shareholder Twenty-Six Doors, Inc , a Texas corporation, for the benefit of Seton Highland Lakes Hospital Funds are restricted to capital needs for Seton Highland Lakes Hospital Twenty-Six Doors' sole shareholder is The Seton Fund of the Daugh ters of Charity of St Vincent De Paul, Inc</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP - PART 7</p>	<p>NETWORK SERVICES The Seton Cove, Inc Purpose and Activities The Seton Cove is a non-prof it interfaith center for spirituality with a mission of providing a welcoming place of sol ace and hospitality where people of any faith may nourish their spiritual growth and journ ey toward wholeness The center offers a holistic approach to life that integrates spiritu al and human development through programs designed to honor the dignity of every person an d to reflect the connections between spirituality and the human experience Activities inc lude programs to promote mental health and spiritual growth through workshops and presenta tions More than three-fourths of The Seton Cove's community services are provided to the Seton Cove's tax-exempt corporate member, Ascension Texas The Seton Cove offers access to a variety of classes, presentations and programs designed to help educate the community Classes are listed on the Seton Cove Website www.setoncove.net In addition, the site inc ludes information on spiritual direction, journaling, labyrinths, retreats and workshops Accomplishments 1 The 2016 McPhee Lecture and Workshop presented by Cindy Wigglesworth the four crucial intelligences of Leadership Number of registrants for the lecture 134, Number of registrants for the workshop 108 2 The Seton Cove has facilitated 8 Renewal Day retreats and 2 Reflective Practice Sessions for Seton leaders in FY17 We are on track to provide an additional 8Renewal Days by the end of the fiscal year 3 Leadership Pilgri mage 3 part retreat registrants 27 registrants of which 19 are associates employed by an affiliate of Ascension The increased participation of these associates demonstrates that the Seton Cove is meeting an important need within the network</p> <p>ENTITIES ACCOUNTED FOR UN DER THE EQUITY METHOD OF ACCOUNTING (JOINT VENTURES) Community Care Collaborative (CCC) Th e Community Care Collaborative (CCC) is a 501(c)(3) nonprofit corporation formed in 2013 b y an agreement between Central Health-the healthcare district serving Travis County-and As cension Texas The goal of the CCC is to transform how health care is delivered and improv e health outcomes in Travis County, particularly for low-income and vulnerable populations Through better-designed health care interventions, coordinated care and adding resources to address social determinants of health, the CCC with create better health for Travis Co unty's patients and communities The CCC represents one of Ascension Texas' most significa nt, overarching investments in addressing all the prioritized needs identified in the Trav is County Community Health Needs Assessment (CHNA), including improving primary and specia lty care, systems of care, chronic diseases, mental and behavioral health and social deter minants of health Ascension Texas and its affiliates have committed executive, clinical, staff, financial and operational resources to ensure the CCC's strategic priorities are ac hieved In fiscal years 2014, 2015 and 2016, Ascension Texas made significant investments in support of the CCC strategic objectives and intends to continue these investments in th e years to come In addition, Ascension Texas plays an active leadership role in terms of governance and community engagement with partners to ensure alignment around the common go al of improving the health of the community Critical to the CCC's success is collaboratio n and contracting with key partners, including Dell Medical School, Austin Travis County I ntegral Care, federally qualified health centers (FQHCs), community-based providers, local social service organizations and Austin-Travis County Emergency Medical Service Accompli shments 1 The CCC is addressing many of the issues raised by the community during creati on of the Travis County CHNA regarding uninsured, low-income individuals, such as expandin g patient navigation services and improving health management which has more fully integra ted care and has improved access and increased efficiency in the system of care For exampl e, increased annual primary care and dental care appointment capacity by 50,000 and 7,000, respectively since 2013 2 The CCC is committed to transforming health care delivery by focusing on the needs of patients, including prevention of illness and management of chron ic diseases-resulting in demonstrably improved health outcomes and overall population heal th For example, from 2013-2016 the percentage of patients who identified as tobacco users who received tobacco cessation counseling intervention increased from 79% to 98%, which p ut us in the 90th percentile High Performance Level for this measure In addition the perc entage of Diabetic patients who received a nephropathy screening test or had evidence of n ephropathy during the measurement year were in the 90th percentile at 90% and 88% respecti vely 3 In 2017, the CCC plans to focus on core operational and delivery issues, includin g redesigning the Central Health Medical Access Pr</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 DESCRIPTION OF AFFILIATED GROUP - PART 7	ogram (MAP) benefit program, improving primary care services payment and delivery and enhancing specialty care services including behavioral health. The CCC will also plan and develop a comprehensive strategy to address social determinants of health and will continue to forge strategic partnerships with other nonprofit organizations to address needs that affect individuals' health.

Form and Line Reference	Explanation
Schedule H, Part I, Line 7g Subsidized Health Services	THE ORGANIZATION CONTRACTS WITH PHYSICIANS WHO PROVIDE SERVICES AT THE COMMUNITY AND RURAL CLINICS THE ASSOCIATED COSTS AND CHARGES RELATING TO PHYSICIAN SERVICES ARE INCLUDED IN ALL RELEVANT CATEGORIES IN PART I

Form and Line Reference	Explanation
Schedule H, Part I, Line 7 Costing Methodology used to calculate financial assistance	THE COST OF PROVIDING CHARITY CARE, MEANS TESTED GOVERNMENT PROGRAMS, AND COMMUNITY BENEFIT PROGRAMS IS ESTIMATED USING INTERNAL COST DATA, AND IS CALCULATED IN COMPLIANCE WITH CATHOLIC HEALTH ASSOCIATION ("CHA") GUIDELINES THE ORGANIZATION USES A COST ACCOUNTING SYSTEM THAT ADDRESSES ALL PATIENT SEGMENTS (FOR EXAMPLE INPATIENT, OUTPATIENT, EMERGENCY ROOM, PRIVATE INSURANCE, MEDICAID, MEDICARE, UNINSURED, OR SELF-PAY) THE BEST AVAILABLE DATA WAS USED TO CALCULATE THE AMOUNTS REPORTED IN THE TABLE FOR CERTAIN CATEGORIES IN THE TABLE, THIS WAS A COST ACCOUNTING SYSTEM, IN OTHER CATEGORIES, A SPECIFIC COST-TO-CHARGE RATIO WAS APPLIED SEE FURTHER RESPONSE IN SCHEDULE H, PART VI, LINE 2

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	<p>COMMUNITY BENEFIT/OBJECTIVE Improve the quality of life for the most vulnerable among us, help break the cycle of poverty that exists in disadvantaged families, and positively impact community health needs identified by the Community Health Needs Assessment</p> <p>VULNERABLE POPULATION The number of vulnerable members of Central Texas' population - children, the aged, and households that cannot afford quality health care or are uninsured - is increasing. The percentage of households in the region who are living below the US Poverty level is 10.2%. In addition, 19% of those aged under 65 in central Texas are uninsured. In 2016, creating significant barriers to access to health care. In 2016, 9% of Central Texas children (age 0 to 17) were uninsured. More than half of uninsured children are eligible for public programs, but are not enrolled. This statistic is important because Hispanics are currently 32.1% of the population and are expected to be more 33.1% of the population by 2021. In addition, the Community Health Needs Assessments for Seton's 11 county areas identified four distinct health needs impacting Central Texas: (1) system of care, (2) primary and specialty care, (3) mental and behavioral health, (4) chronic diseases, and (5) social determinants of health.</p> <p>Community Building Activities Seton has provided funding for the following initiatives related to the community benefit objective described above. Seton did not award these funds for marketing purposes, to increase the referral of patients with third-party insurance coverage, in fulfillment of regulatory requirements or current standard of care or to benefit persons associated with the organization. In FY16, Seton provided a total of \$3,194,614 in charitable contributions (<=\$5,000) towards various community needs.</p> <p>Physical Improvements and Housing In FY 16, Seton contributed \$28,000.00 toward organizations and initiatives including, but not limited to, the provision or rehabilitation of housing for vulnerable populations, such as removing building materials that harm the health of the residents, neighborhood improvement or revitalization projects, provision of housing for vulnerable patients upon discharge from an inpatient facility, housing for low-income seniors, and the development or maintenance of parks and playgrounds to promote physical activity. The organizations listed below received the total amount indicated above - Ronald McDonald Charities of Central Texas.</p> <p>Economic Development In FY 16, Seton contributed \$17,500 toward organizations and initiatives including, but is not limited to, assisting small business development in neighborhoods with vulnerable populations and creating new employment opportunities in areas with high rates of joblessness. The organizations listed below received the total amount indicated above - Greenlight for Nonprofit - I Live Here I Give Here - The Village of San Marcos.</p> <p>Community Support In FY16, Seton contributed \$43,350.00 toward organizations and initiatives including, but not limited to, child care and mentoring programs for vulnerable populations, neighborhood support groups, violence prevention programs, disaster readiness and public health emergency activities. The organizations listed below received the total amount indicated above - Anti-Defamation League - Austin Community Foundation - Austin Partners in Education - Austin Travis County Integral Care - Con Mi Madre - Hays County ISD Education Foundation - YMCA of Greater Williamson County.</p> <p>Leadership Development and Training for Community Members In FY16, Seton contributed \$37,500.00 toward organizations and initiatives including, but not limited to, training in conflict resolution, civic, cultural, or language skills, and medical interpreter skills for community residents. The organizations listed below received the total amount indicated above - Leadership Austin Coalition.</p> <p>Building In FY16, Seton contributed over \$6,000.00 toward organizations and initiatives including, but not limited to, participation in community coalitions and other collaborative efforts with the community to address health and safety issues. The organizations listed below received the total amount indicated above - Austin Area Heritage Council.</p> <p>Community Health Improvement Advocacy In FY16, Seton contributed \$165,700.00 toward organizations and initiatives including, but not limited to, efforts to support policies and programs to safeguard or improve public health, access to health care services, housing, the environment, and transportation. The organizations listed below received the total amount indicated above - American Diabetes Association - American Heart Association - Arthritis Foundation Center - Heart Gift Foundation - International League of Epilepsy - Juvenile Diabetes Research Foundation International - Leukemia and Lymphoma Society - March of Dimes - NAMI Austin - Texas Standing Tall - Texas Mamma Jamma Ride, Inc.</p> <p>Workforce Development In FY16, Seton contributed \$11</p>

Form and Line Reference	Explanation
Schedule H, Part II Community Building Activities	4,750 00 toward organizations and initiatives including, but not limited to, recruitment o f physicians and other health professionals to medical shortage areas or other areas desig nated as underserved, and collaboration with educational institutions to train and recruit health professionals needed in the community The organizations listed below received the total amount indicated above - Foundation Communities - National Black MBA Association - San Juan Diego High School

Form and Line Reference	Explanation
Schedule H, Part III, Line 2 Bad debt expense - methodology used to estimate amount	AFTER SATISFACTION OF AMOUNTS DUE FROM INSURANCE AND REASONABLE EFFORTS TO COLLECT FROM THE PATIENT HAVE BEEN EXHAUSTED, THE CORPORATION FOLLOWS ESTABLISHED GUIDELINES FOR PLACING CERTAIN PAST-DUE PATIENT BALANCES WITHIN COLLECTION AGENCIES, SUBJECT TO THE TERMS OF CERTAIN RESTRICTIONS ON COLLECTION EFFORTS AS DETERMINED BY ASCENSION HEALTH ACCOUNTS RECEIVABLE ARE WRITTEN OFF AFTER COLLECTION EFFORTS HAVE BEEN FOLLOWED IN ACCORDANCE WITH THE CORPORATION'S POLICIES

Form and Line Reference	Explanation
Schedule H, Part III, Line 3 Bad Debt Expense Methodology	THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING ECONOMIC CONDITIONS, HISTORICAL EXPERIENCE, TRENDS IN HEALTHCARE COVERAGE, AND OTHER COLLECTION INDICATORS PERIODICALLY THROUGHOUT THE YEAR, MANAGEMENT ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR DOUBTFUL ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE BY PAYOR CATEGORY, INCLUDING THOSE AMOUNTS NOT COVERED BY INSURANCE THE RESULTS OF THIS REVIEW ARE THEN USED TO MAKE ANY MODIFICATIONS TO THE PROVISION FOR DOUBTFUL ACCOUNTS TO ESTABLISH AN APPROPRIATE ALLOWANCE FOR DOUBTFUL ACCOUNTS

Form and Line Reference	Explanation
Schedule H, Part III, Line 4 Bad debt expense - financial statement footnote	<p>The Organization is part of the Ascension Health Alliance consolidated audit. The footnote that references bad debt expense in the June 30, 2016 consolidated audit is as follows: The provision for doubtful accounts is based upon management's assessment of expected net collections considering historical experience, economic conditions, trends in health care coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the System follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by the System. Accounts receivable are written off after collection efforts have been followed in accordance with the System's policies. The methodology for determining the allowance for doubtful accounts and related write-offs on uninsured patient accounts has remained consistent with the prior year.</p>

Form and Line Reference	Explanation
Schedule H, Part III, Line 8 Community benefit & methodology for determining medicare costs	Seton Family of Hospitals follows the Catholic Health Association ("CHA") guidelines for determining community benefit CHA community benefit reporting guidelines suggest that Medicare shortfall is not treated as community benefit Amounts reported on line 6 were determined based on the Medicare cost report, which uses a combination of per diem and cost to charge ratio to determine costs

Form and Line Reference	Explanation
Schedule H, Part III, Line 9b Collection practices for patients eligible for financial assistance	The Organization has a written debt collection policy that also includes a provision on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance. If a patient qualifies for charity or financial assistance, certain collection practices do not apply. A patient's eligibility for charity care/financial assistance may be determined at any point in the collection cycle. Collection agency agreements include language that requires adherence to Seton's/Ascension's billing and collection policies, and support the process by advising patients about the availability of financial assistance/charity care, providing patients with the application, and/or assisting with the completion process.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16a FAP website	A - Seton Medical Center Austin Line 16a URL https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/ , B - Seton Edgar B Davis Hospital Line 16a URL https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/ , - Seton Shoal Creek Hospital Line 16a URL https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/ ,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16b FAP Application website	A - Seton Medical Center Austin Line 16b URL https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/ , B - Seton Edgar B Davis Hospital Line 16b URL https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/ , - Seton Shoal Creek Hospital Line 16b URL https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/ ,

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16c FAP plain language summary website	A - Seton Medical Center Austin Line 16c URL https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/ , B - Seton Edgar B Davis Hospital Line 16c URL https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/ , - Seton Shoal Creek Hospital Line 16c URL https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/ ,

Form and Line Reference	Explanation
Schedule H, Part VI, Line 2 Needs assessment	<p>In May 2016, the Seton Family of Hospitals Board of Directors approved Community Health Needs Assessments that identified prioritized health needs for seven distinct regions of Seton's service area. All seven of the CHNA's identified the following prioritized health needs (mental health, primary and specialty care, chronic diseases, systems of care and social determinants of health), but in varying priority order. In November 2017, in accordance with IRS regulations, Seton Family of Hospitals approved 11 Community Health Implementation Plans, one for each of its hospitals. The four Seton joint venture hospitals approved Community Health Implementation Plans for each of their facilities. Each plan identifies the programs and activities the hospital, through the support of the Ascension Texas and local partnerships, commits to provide in order to help address the needs identified in the CHNAs of its service area.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 3 Patient education of eligibility for assistance	<p>Seton is committed to delivering effective, safe, person-centric, health care to all patients regardless of their ability to pay. As a nonprofit health system, it is our mission and privilege to play this important role in our community. All of the community health needs assessments revealed that Central Texas has a high rate of uninsured individuals, and a lack of insurance can be one of many factors that prevent individuals from accessing care. At all Seton hospitals and Seton joint venture hospitals staff screen uninsured patients and if found potentially eligible for a government funding source, provide assistance and/or resources to the patient and their family. If a patient is not eligible for a payment source, Seton's financial assistance policy covers patients who lack the financial resources to pay for all or part of their bills. Eligibility for financial assistance is based upon the annual federal poverty guidelines, Seton provides financial assistance for those who earn up to 375% of the federal poverty level. Ascension Texas (F/K/A Seton Healthcare Family) widely publicizes its - Financial Assistance Policy - Financial Assistance Application - Financial Assistance Policy Summary - List of Providers Covered by the Financial Assistance Policy via the hospital facility's website - https://www.seton.net/patient-and-family-resources/billing-and-insurance/financial-assistance/ Ascension Texas (F/K/A Seton Healthcare Family) makes paper copies of the - Financial Assistance Policy - Financial Assistance Application - Financial Assistance Policy Summary - List of Providers Covered by the Financial Assistance Policy - Amount Generally Billed Calculation. The paper copies are made readily available as part of the intake, discharge and customer service processes. Upon request, paper copies can also be obtained by mail. Ascension Texas (F/K/A Seton Healthcare Family) informs its patients of the Financial Assistance Policy via a notice on patient billing statements, including the phone number and web address where more information may be found. Ascension Texas (F/K/A Seton Healthcare Family) informs its patients of the Financial Assistance Policy via signage displayed in the emergency room and admissions areas.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 4 Community information	<p>The Seton Family of Hospitals ("Seton") serves an 11-county area, covering 9,645 square miles in Central Texas. Seton's service area includes urban, suburban and rural areas and is divided into the following regions - West Region: Burnet, Llano and Blanco Counties - North Region: Williamson County - Central Region: Travis County (the seat of Texas' state capital, Austin) - South Region: Hays and Caldwell Counties - East Region: Lee, Bastrop, Fayette and Gonzales Counties. Seton manages hospitals in six of the 11 counties listed above. Patients from the other five counties travel to access care at Seton facilities or seek care from other hospitals (see "Other Hospitals" below).</p> <p>COMMUNITY DEMOGRAPHICS</p> <p>Population In 2016, there were 2.1 million people living in Seton's 11-county service area. Seton's service area includes the rapidly growing urban Austin-Round Rock metropolitan statistical area (MSA) - Bastrop, Caldwell, Hays, Travis and Williamson Counties - as well as sparsely-populated rural areas with less convenient access to health care.</p> <p>Household income The median household income in Seton's 11-county service area was \$65,466 in 2016, compared to \$57,227 in Texas as a whole and \$57,462 nationally.</p> <p>Poverty and Uninsured Rate The percentage of households in Seton's 11-county service area living below the U.S. Poverty level was 10.2 percent in 2016. In 2015, 19% of the region's population under age 65 was uninsured. That same year, 9% of Central Texas children (age 0 to 17) were uninsured.</p> <p>Medicaid Seton serves a disproportionate market share of Medicaid patients. While the hospital system serves 39% of the total inpatient needs of the community, it supports 48% of Medicaid patients.</p> <p>Other Hospitals</p> <p>Serving the Community The other major hospital providers within Seton's service area are HCA/St. David's Healthcare System, a for-profit system with seven hospitals and Baylor Scott & White Healthcare system, a non-profit health system with four hospitals. Other hospitals in the area include Central Texas Medical Center in San Marcos, and St. Mark's Medical Center in LaGrange. There are several rehabilitation and behavioral health hospitals in the Seton's service area.</p> <p>Federally-designated medically underserved areas or populations. All 11 counties served by Seton have been designated by the federal government as medically underserved.</p>

Form and Line Reference	Explanation
<p>Schedule H, Part VI, Line 5 Promotion of community health</p>	<p>Composition of Governing Body A majority of Seton Family of Hospitals ("Seton") governing body is comprised of persons who reside in the organization's primary service area and 50 % are neither employee, independent contractors of the organization, nor family members Medical Staff Privileges Staff privileges at Seton facilities are open to all qualified physicians in the community, subject to completing a Seton-specific credentialing process to ensure that the physician meets all required licensing and experience requirements for the position Use of Surplus Funds Any surplus funds generated from Seton's operations are reinvested in the organization's activities, including patient care, medical education and research Patient Care Seton is continuously improving its patient care services to address the needs of the community we serve The following examples illustrate how Seton promotes the health of the community it serves through different initiatives using surplus funds Community Care Collaborative (CCC) The Community Care Collaborative (CCC) is a 501(c)(3) nonprofit corporation formed in 2013 by an agreement between Central Health-the health care district serving Travis County-and Ascension Texas (f/k/a Seton Healthcare Family) ("Ascension Texas") The goal of the CCC is to transform how health care is delivered and improve health outcomes in Travis County, particularly for low-income and vulnerable populations Through better-designed health care interventions, coordinated care and adding resources to address social determinants of health, the CCC will create better health for Travis County's patients and communities The CCC represents one of Ascension Texas' most significant, overarching investments in addressing all the prioritized needs identified in the Travis County Community Health Needs Assessment (CHNA), including improving primary and specialty care, systems of care, chronic diseases, mental and behavioral health and social determinants of health Ascension Texas and its affiliates have committed executive, clinical, staff, financial and operational resources to ensure the CCC's strategic priorities are achieved In fiscal years 2014, 2015 and 2016, Ascension Texas made significant investments in support of the CCC strategic objectives and intends to continue these investments in the years to come In addition, Ascension Texas plays an active leadership role in terms of governance and community engagement with partners to ensure alignment around the common goal of improving the health of the community Critical to the CCC's success is collaboration and contracting with key partners, including Dell Medical School, Austin Travis County Integral Care, federally qualified health centers (FQHCs), community-based providers, local social service organizations and Austin-Travis County Emergency Medical Service Accomplishments 1 The CCC is addressing many of the issues raised by the community during creation of the Travis County CHNA regarding uninsured, low-income individuals, such as expanding patient navigation services and improving health management which has more fully integrated care and has improved access and increased efficiency in the system of care For example, increased annual primary care and dental care appointment capacity by 50,000 and 7,000, respectively since 2013 2 The CCC is committed to transforming health care delivery by focusing on the needs of patients, including prevention of illness and management of chronic diseases-resulting in demonstrably improved health outcomes and overall population health For example, from 2013-2016 the percentage of patients who identified as tobacco users who received tobacco cessation counseling intervention increased from 79% to 98%, which put us in the 90th percentile High Performance Level for this measure In addition the percentage of diabetic patients who received a nephropathy screening test or had evidence of nephropathy during the measurement year were in the 90th percentile at 90% and 88% respectively In 2017, the CCC plans to focus on core operational and delivery issues, including redesigning the Central Health Medical Access Program (MAP) benefit program, improving primary care services payment and delivery and enhancing specialty care services including behavioral health The CCC will also plan and develop a comprehensive strategy to address social determinants of health and will continue to forge strategic partnerships with other nonprofit organizations to address needs that affect individuals' health Delivery System Reform Incentive Payment (DSRIP) Projects Since 2012, Seton has operated 20 Delivery System Reform Incentive Payment ("DSRIP") projects through the Texas 1115 Medicaid Waiver, administered through the Texas Health and Human Services Commission ("HHSC") and the Centers for Medicare and Medicaid Services ("CMS") These projects address the varied health care needs of Medicaid recipients or low-income, unin</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 5 Promotion of community health	<p>sured individuals in Travis County. They share a common goal of improving health outcomes and lowering health care costs by reducing inefficiencies in the health care system. All of these projects were chosen because they specifically address prioritized health needs identified in the 2012-2013 Travis County CHNA conducted by Austin/Travis County Health and Human Services Department: access to care, chronic disease, mental and behavioral health and community collaborations. These prioritized needs are nearly identical to the 2016 Travis County CHNA needs: mental and behavioral health, chronic diseases, primary and specialty care, system of care and social determinants of health. As such, all of Seton's DSRIPs individually address one or more of the prioritized health needs identified in the 2016 Travis County CHNA and are a continuation of prior investments. Of the 20 Seton-led DSRIPs, four focus on pediatric populations and 19 of the 20 serve residents of Travis County. The remaining project is in place at Seton Highland Lakes Hospital (SHL) and supports qualified Burnet County residents. Seton also is involved in 15 other DSRIP projects funded through the Community Care Collaborative ("CCC"), our partnership with Central Health. Together, the DSRIP projects represent one of Seton's most significant investments to address health needs in Travis County. Seton has partnered with a wide range of entities on its varied DSRIP projects. Examples include: community physicians, CCC, Central Health, Federally Qualified Health Centers, nonprofits, faith-based organizations, Dell Medical School, local mental health agencies and the Austin Independent School District.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>As part of Ascension Texas (f/k/a Seton Healthcare Family), Seton Family of Hospitals is a member of Ascension Health Alliance, a Missouri nonprofit corporation and a Catholic national health system consisting primarily of nonprofit corporations that own and operate local health care facilities (each a "Health Ministry" and together, the "Health Ministries"), located in 23 States and the District of Columbia. In December 2011, Ascension Health Alliance, doing business as Ascension ("Ascension"), became the sole corporate member and parent organization of Ascension Health. In addition to serving as the sole corporate member of Ascension Health, Ascension serves as the member or shareholder of various other subsidiaries. Ascension, its subsidiaries, Ascension Health and the Health Ministries are referred to collectively from time to time hereafter as the system ("The System"). Ascension is sponsored by Ascension Sponsor, a Public Juridic Person. The Participating Entities of Ascension Sponsor are the Daughters of Charity of St. Vincent de Paul, St. Louise Province, the Congregation of St. Joseph, the Congregation of the Sisters of St. Joseph of Carondelet, the Congregation of Alexian Brothers of the Immaculate Conception Province - American Province and the Sisters of the Sorrowful Mother of the Third Order of St. Francis of Assisi - US/Caribbean Province. Ascension Texas, located in Austin, Texas, is a holding corporation controlling two nonprofit systems that organize, develop, coordinate and deliver a complex, full continuum of health care services for residents of Austin ("Seton Hospitals") and Waco ("Providence Hospitals") and more generally in the Central Texas area. Admitting physicians are primarily practitioners in both local areas. Ascension Texas is related to Ascension Health's other sponsored organizations through common control. Substantially all expenses of Ascension Health are related to providing health care services. MISSION Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words. The System directs its governance and management activities toward strong, vibrant, Catholic Health Ministries united in service and healing and dedicates its resources to spiritually centered care which sustains and improves the health of the individuals and communities it serves. In accordance with The System's mission of service to those persons living in poverty and other vulnerable persons, each Health Ministry accepts patients regardless of their ability to pay. The System uses four categories to identify the resources utilized for the care of persons living in poverty and community benefit programs.</p> <ol style="list-style-type: none"> 1. Traditional charity care includes the cost of services provided to persons who cannot afford healthcare because of inadequate resources and/or who are uninsured or underinsured. 2. Unpaid cost of public programs represents the unpaid cost of services provided to persons covered by public programs for the persons living in poverty and other vulnerable persons. 3. Cost of other programs for the persons living in poverty and other vulnerable persons includes programs intentionally designed to serve the persons living in poverty and other vulnerable persons of the community including substance abusers, the homeless, victims of child abuse and persons with acquired immune deficiency syndrome. 4. Community benefit consists of the unreimbursed costs of community benefit programs and services for the general community, not solely for persons living in poverty and other vulnerable persons, including health promotion and education, health clinics and screenings and medical research. <p>Discounts are provided to all uninsured patients, including those with the means to pay. Discounts provided to those patients who did not qualify for assistance under charity care guidelines are not included in the cost of providing care of persons living in poverty and community benefit programs. The cost of providing care to persons living in poverty and community benefit programs is estimated by reducing charges forgone by a factor derived from the ratio of each entity's total operating expenses to the entity's billed charges for patient care.</p> <p>AFFILIATES OF ASCENSION TEXAS Ascension Texas controls several affiliated entities and a full list of the FY16 affiliates is below.</p> <p>SETON HOSPITALS Seton Family of Hospitals - Adult Inpatient Medical Services</p> <p>PROVIDENCE HOSPITALS Providence Health Services of Waco - Providence Foundations, Inc. - Providence Health Alliance - Care4Texans Network, Inc. - Care4Texans, LLC</p> <p>CLINICAL ENTERPRISE Seton Clinical Enterprise Corporation - Austin Children's Chest Associates - Ch</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 6 Affiliated health care system	<p>Children's Bone Joint and Spine Center - Healthcare Collaborative - Institute of Reconstructive Plastic Surgery of Central Texas - Pediatric Critical Care Associates - Pediatric Surgery Subspecialists - Seton ENT - Seton Family of Pediatric Surgeons - Seton Family of Physicians (f/k/a Tri-County Practice Association) - Seton Medical Group - Seton/UT Austin Dell Medical School University Physicians Group - Specially for Children Children's Hospital Subspecialists of Central Texas - Tri-County Clinical INSURANCE SERVICES Seton Insurance Services Corporation - Dell Children's Health Alliance - Seton Health Alliance - Seton Health Plan, Inc - Seton Insurance Company - Seton Physician Hospital Network - Seton Accountable Care Organization, Inc FOUNDATIONS - CMC Foundation of Central Texas - Seton Hays Foundation - Seton Williamson Foundation - Seton Fund of the Daughters of Charity of St Vincent de Paul, Inc - Blue Ladies Minerals, Inc - Twenty-Six Doors, Inc - Fickett Health Legacy, Inc NETWORK SERVICES The Seton Cove, Inc ENTITIES ACCOUNTED FOR UNDER THE EQUITY METHOD OF ACCOUNTING (JOINT VENTURES) - Austin CyberKnife, LLC - Cedar Park Health System, L P - Cedar Park Surgery Center LLP - Central Texas Laundry, LLC - Central Texas Rehabilitation Hospital, LLC - Central Texas Specialty Hospital, LLC - Community Care Collaborative - Community Hospice of Texas - FPSCII, LLC - Covenant Management Partners, LLC - Covenant Management Systems, LP - HH/Killeen Health System, LLC - Medical Park Tower Surgery Center, LLC - Northwest Surgery Center, L L P - RediClinic Austin, LLC - Strictly Pediatric Surgery Center of Central Texas, LLP - The Surgery Center at Williamson - The Topfer Building Condominium Association - Warm Springs Rehabilitation Hospital of Kyle, LLC Through some of the affiliated entities listed above, Ascension Texas provides health care and other related services to the communities we serve. The purpose, activities and accomplishments of some of the affiliated entities is listed below.</p> <p>SETON HOSPITALS Adult Inpatient Medical Services Purpose and Activities Adult Inpatient Medical Services ("AIMS") is organized as a Texas non-profit health organization pursuant to Texas laws and the Texas Medical Board's rules and regulations governing non-profit health corporations. AIMS activities include partnering with Austin Regional Clinic to assist in providing hospitalist services to Seton Family of Hospitals. AIMS and Seton Family of Hospitals are dedicated to developing a single, unified, integrated delivery system for the purpose of providing high-quality, cost-effective tertiary health care services to adults within the AIMS service area. Additionally, AIMS assists in providing and arranging for the medical care of all socioeconomic segments of the community. AIMS will negotiate managed care contracts with third-party payers. The program will pursue clinical and translational research as it matures.</p>

Form and Line Reference	Explanation
Schedule H, Part VI, Line 7 State filing of community benefit report	TX

Schedule H (Form 990) 2015

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Name: Seton Family of Hospitals

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
15

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Seton Medical Center Austin 1201 West 38th Street AUSTIN, TX 78705 www.seton.net 000497	X	X				X	X			A
2	University Medical Center Brackenridge 601 East 15th Street AUSTIN, TX 78701 www.seton.net 000335	X	X		X		X	X			A
3	Dell Children's Medical Center of Central Texas 4900 Mueller Blvd AUSTIN, TX 78723 www.seton.net 008520	X	X	X	X		X	X			A
4	Seton Edgar B Davis Hospital 130 Hays Street LULING, TX 78648 www.seton.net 000597	X	X			X		X			B
5	Seton Highland Lakes Hospital 3201 S Water Street BURNET, TX 78611 www.seton.net 000559	X	X			X		X			B
6	Seton Northwest Hospital 11113 Research Blvd AUSTIN, TX 78759 www.seton.net 007976	X	X				X	X			A
7	Seton Southwest Hospital 7900 FM 1826 AUSTIN, TX 78737 www.seton.net 007975	X	X				X	X			A
8	Seton Shoal Creek Hospital 3501 Mills Avenue AUSTIN, TX 78731 www.seton.net 000770	X	X		X		X	X			
9	Seton Medical Center Williamson 201 Seton Parkway ROUND ROCK, TX 78665 www.seton.net 008617	X	X				X	X			A
10	Seton Medical Center Hays 6001 Kyle Parkway KYLE, TX 78640 www.seton.net 100029	X	X				X	X			A

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?

15

Name, address, primary website address, and state license number

		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
11	Cedar Park Regional Medical Center 1401 Medical Parkway CEDAR PARK, TX 78613 www.seton.net 008583	X	X					X			A
12	Central Texas Rehabilitation Hospital 700 WEST 45TH STREET AUSTIN, TX 78751 www.seton.net 100147	X	X					X			A
13	Seton Medical Center Harker Heights 850 W Central Expressway HARKER HEIGHTS, TX 76548 www.seton.net 100149	X	X					X			B
14	Seton Smithville Regional Hospital 1201 Hill Road SMITHVILLE, TX 78957 www.seton.net 100103	X	X					X			B
15	Warm Springs Rehabilitation Hospital of Kyle 5980 Kyle Parkway Kyle, TX 78640 www.seton.net 100261	X	X					X			A

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 1	Facility A, 1 - FACILITY 1 - SETON MEDICAL CENTER AUSTIN Seton, St David's Foundation (SDF), the Austin/Travis County Health and Human Services Department (ATCHHSD), Central Health and Baylor Scott & White (henceforth "the CHNA collaborators") share the common goal of building healthier communities To avoid duplication of effort, the CHNA collaborators worked together to gather data and community input to inform the CHNA process for Travis County The Internal Revenue Service (IRS) encourages local health care organizations to work together to avoid duplication of effort The CHNA collaborators gathered feedback from the broader community using several methods 1 One-on-one stakeholder interviews using a standardized interview guide 2 Focus groups 3 A community forum hosted by the ATCHHSD 4 An online survey to rank needs in priority order The CHNA collaborators solicited input from individuals with a broad understanding of the community and its health needs Key stakeholders included public health officials, individuals representing the interests of medically underserved, low-income and minority populations, health care providers, educators, public officials and many others During the interviews and focus groups, participants were asked to identify the most significant community health needs facing Travis County, barriers to meeting those needs and potential solutions For the Travis County CHNA, input was gathered during nine stakeholder interviews, one focus group, a community forum and through online survey The following organizations were represented during stakeholder interviews -Austin/Travis County Health and Human Services-state, city, county health department -CAPCOG-community-based organization -CapMetro-transportation -Del Valle ISD-public education, health in schools -Travis County Integral Care-safety net clinics -Lone Star Circle of Care-safety net clinics -Manor ISD- public education, health in schools -Pflugerville ISD- public education, health in schools The following organizations were represented at the focus groups -Asian American Quality of Life Commission-community-based organization -Austin ISD- public education, health in schools -City of Austin- city government - Community Action Network-community-based organization -CommUnity Care-safety net clinic -El Buen Samaritano- safety net clinic -Foundation Communities-community-based organization -Meals on Wheels and More-community-based organization -One Voice/Easter Seals Central Texas community-based organization -People's Community Clinic-safety net clinic -Travis County State, county, city health department

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 2	Facility A, 2 - FACILITY 2 - UNIVERSITY MEDICAL CENTER BRACKENRIDGE Seton, St David's Foundation (SDF), the Austin/Travis County Health and Human Services Department (ATCHHSD), Central Health and Baylor Scott & White (henceforth "the CHNA collaborators") share the common goal of building healthier communities To avoid duplication of effort, the CHNA collaborators worked together to gather data and community input to inform the CHNA process for Travis County The Internal Revenue Service (IRS) encourages local health care organizations to work together to avoid duplication of effort The CHNA collaborators gathered feedback from the broader community using several methods 1 One-on-one stakeholder interviews using a standardized interview guide 2 Focus groups 3 A community forum hosted by the ATCHHSD 4 An online survey to rank needs in priority order The CHNA collaborators solicited input from individuals with a broad understanding of the community and its health needs Key stakeholders included public health officials, individuals representing the interests of medically underserved, low-income and minority populations, health care providers, educators, public officials and many others During the interviews and focus groups, participants were asked to identify the most significant community health needs facing Travis County, barriers to meeting those needs and potential solutions For the Travis County CHNA, input was gathered during nine stakeholder interviews, one focus group, a community forum and through online survey The following organizations were represented during stakeholder interviews -Austin/Travis County Health and Human Services-state, city, county health department -CAPCOG-community-based organization -CapMetro-transportation -Del Valle ISD-public education, health in schools -Travis County Integral Care-safety net clinics -Lone Star Circle of Care-safety net clinics -Manor ISD- public education, health in schools -Pflugerville ISD- public education, health in schools The following organizations were represented at the focus groups -Asian American Quality of Life Commission-community-based organization -Austin ISD- public education, health in schools -City of Austin- city government -Community Action Network-community-based organization -CommUnity Care-safety net clinic -El Buen Samaritano- safety net clinic -Foundation Communities-community-based organization -Meals on Wheels and More-community-based organization -One Voice/Easter Seals Central Texas community-based organization -People's Community Clinic-safety net clinic -Travis County State, county, city health department

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 3	Facility A, 3 - FACILITY 3 - DELL CHILDREN'S MEDICAL CENTER OF CENTRAL TEXAS Seton, St David's Foundation (SDF), the Austin/Travis County Health and Human Services Department (ATCHHSD), Central Health and Baylor Scott & White (henceforth "the CHNA collaborators") share the common goal of building healthier communities To avoid duplication of effort, the CHNA collaborators worked together to gather data and community input to inform the CHNA process for Travis County The Internal Revenue Service (IRS) encourages local health care organizations to work together to avoid duplication of effort The CHNA collaborators gathered feedback from the broader community using several methods 1 One-on-one stakeholder interviews using a standardized interview guide 2 Focus groups 3 A community forum hosted by the ATCHHSD 4 An online survey to rank needs in priority order The CHNA collaborators solicited input from individuals with a broad understanding of the community and its health needs Key stakeholders included public health officials, individuals representing the interests of medically underserved, low-income and minority populations, health care providers, educators, public officials and many others During the interviews and focus groups, participants were asked to identify the most significant community health needs facing Travis County, barriers to meeting those needs and potential solutions For the Travis County CHNA, input was gathered during nine stakeholder interviews, one focus group, a community forum and through online survey The following organizations were represented during stakeholder interviews - Austin/Travis County Health and Human Services-state, city, county health department -CAPCOG-community-based organization -CapMetro-transportation -Del Valle ISD-public education, health in schools -Travis County Integral Care-safety net clinics -Lone Star Circle of Care-safety net clinics -Manor ISD- public education, health in schools -Pflugerville ISD- public education, health in schools The following organizations were represented at the focus groups -Asian American Quality of Life Commission-community-based organization -Austin ISD- public education, health in schools -City of Austin- city government -Community Action Network-community-based organization -CommUnity Care-safety net clinic -El Buen Samaritano- safety net clinic -Foundation Communities-community-based organization -Meals on Wheels and More-community-based organization -One Voice/Easter Seals Central Texas community-based organization -People's Community Clinic-safety net clinic -Travis County State, county, city health department

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 4	Facility A, 4 - FACILITY 6 - SETON NORTHWEST HOSPITAL Seton, St David's Foundation (SDF), the Austin/Travis County Health and Human Services Department (ATCHHSD), Central Health and Baylor Scott & White (henceforth "the CHNA collaborators") share the common goal of building healthier communities To avoid duplication of effort, the CHNA collaborators worked together to gather data and community input to inform the CHNA process for Travis County The Internal Revenue Service (IRS) encourages local health care organizations to work together to avoid duplication of effort The CHNA collaborators gathered feedback from the broader community using several methods 1 One-on-one stakeholder interviews using a standardized interview guide 2 Focus groups 3 A community forum hosted by the ATCHHSD 4 An online survey to rank needs in priority order The CHNA collaborators solicited input from individuals with a broad understanding of the community and its health needs Key stakeholders included public health officials, individuals representing the interests of medically underserved, low-income and minority populations, health care providers, educators, public officials and many others During the interviews and focus groups, participants were asked to identify the most significant community health needs facing Travis County, barriers to meeting those needs and potential solutions For the Travis County CHNA, input was gathered during nine stakeholder interviews, one focus group, a community forum and through online survey The following organizations were represented during stakeholder interviews -Austin/Travis County Health and Human Services-state, city, county health department -CAPCOG-community-based organization -CapMetro-transportation -Del Valle ISD-public education, health in schools -Travis County Integral Care-safety net clinics -Lone Star Circle of Care-safety net clinics -Manor ISD- public education, health in schools -Pflugerville ISD- public education, health in schools The following organizations were represented at the focus groups -Asian American Quality of Life Commission-community-based organization -Austin ISD- public education, health in schools -City of Austin- city government - Community Action Network-community-based organization -CommUnity Care-safety net clinic -El Buen Samaritano- safety net clinic -Foundation Communities-community-based organization -Meals on Wheels and More-community-based organization -One Voice/Easter Seals Central Texas community-based organization -People's Community Clinic-safety net clinic -Travis County State, county, city health department

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 5	Facility A, 5 - FACILITY 7 - SETON SOUTHWEST HOSPITAL Seton, St David's Foundation (SDF), the Austin/Travis County Health and Human Services Department (ATCHHSD), Central Health and Baylor Scott & White (henceforth "the CHNA collaborators") share the common goal of building healthier communities To avoid duplication of effort, the CHNA collaborators worked together to gather data and community input to inform the CHNA process for Travis County The Internal Revenue Service (IRS) encourages local health care organizations to work together to avoid duplication of effort The CHNA collaborators gathered feedback from the broader community using several methods 1 One-on-one stakeholder interviews using a standardized interview guide 2 Focus groups 3 A community forum hosted by the ATCHHSD 4 An online survey to rank needs in priority order The CHNA collaborators solicited input from individuals with a broad understanding of the community and its health needs Key stakeholders included public health officials, individuals representing the interests of medically underserved, low-income and minority populations, health care providers, educators, public officials and many others During the interviews and focus groups, participants were asked to identify the most significant community health needs facing Travis County, barriers to meeting those needs and potential solutions For the Travis County CHNA, input was gathered during nine stakeholder interviews, one focus group, a community forum and through online survey The following organizations were represented during stakeholder interviews -Austin/Travis County Health and Human Services-state, city, county health department -CAPCOG-community-based organization -CapMetro-transportation -Del Valle ISD-public education, health in schools -Travis County Integral Care-safety net clinics -Lone Star Circle of Care-safety net clinics -Manor ISD- public education, health in schools -Pflugerville ISD- public education, health in schools The following organizations were represented at the focus groups -Asian American Quality of Life Commission-community-based organization -Austin ISD- public education, health in schools -City of Austin- city government - Community Action Network-community-based organization -CommUnity Care-safety net clinic -El Buen Samaritano- safety net clinic -Foundation Communities-community-based organization -Meals on Wheels and More-community-based organization -One Voice/Easter Seals Central Texas community-based organization -People's Community Clinic-safety net clinic -Travis County State, county, city health department

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 6	Facility A, 6 - FACILITY 9 - SETON MEDICAL CENTER WILLIAMSON The Williamson County CHA Strategic Planning Team (The CHA Team) used the National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The MAPP process consists of four assessments - the community health status assessment, the community themes and strengths assessment, the forces of change assessment and the local public health systems assessment. Following this framework, the CHA Team utilized a mixed-method, participatory, and collaborative approach to conduct these assessments to evaluate the health of the community defined by the geographic area of Williamson County, Texas. The assessment process included both primary data generated by the partners and secondary data from external organizations, this data on health, socio-behavioral, and economic indicators for the county were aggregated from a large number of local, state, and federal data sources. Whenever possible, the CHA Team analyzed data at the census tract level to understand the diversity within and across areas of Williamson County at the most detailed level available. As such, the team complemented the large volume of quantitative data with qualitative data gathered through facilitated discussions, key informant interviews, and focus groups with residents and stakeholders. Through engagement in facilitated discussions, leadership from WCCHD and the WWA provided feedback on the current status of and potential improvements to the local public health system. Additionally, trained facilitators conducted 12 focus groups with community members from a variety of groups including youth, non-English speakers, older adults, healthcare systems staff, non-profit organizations, educational entities, and local governments. In all, more than 100 community members were engaged through the CHA process. Together, these quantitative and qualitative analyses constitute a comprehensive view of the factors influencing the health of the community and provide the basis for the community's determination of their priority areas. The list below highlights the organizations represented at the Williamson County Focus Groups -Good Life -Taylor Literacy Council of Williamson County -Opportunities Bagdad -Head Start -Opportunities Round Rock -Taylor Independent School District (ISD) The following organizations participated in key informant interviews -Asian Chamber of Commerce -Catholic Charities of Central Texas -St. David's Foundation -Texas A&M AgriLife Extension -UT School of Public Health The following organizations participated in Stakeholder Input Sessions -AGE of Central Texas -American Diabetes Association -American Heart Association -Baylor Scott & White Health -Bike Hutto -Bluebonnet Trails Community Services -Children's Optimal Health -City of Georgetown -Fleet Feet Sports -Round Rock Foundation Communities -FRIDAY & ADAPT -Gardner Chiropractic Family and Wellness Center -Georgetown Health Foundation -Georgetown ISD -Hutto ISD -IT'S TIME TEXAS -Leander ISD -LifeSteps Council on Alcohol and Drugs Literacy Council of Williamson County -Lone Star Circle of Care One -One Life Health Coaches -Pflugerville ISD -Phoenix House -Promotoras Unidas por La Salud -Round Rock ISD -Seton Health Plan -Southwestern University -St. David's Georgetown Hospital -Taylor ISD -Texas A&M AgriLife Extension Service -Texas A&M College of Medicine Texas A&M Health Science Center -Texas Department of Agriculture -Texas Department of State Health Services -Texas Health and Human Services Commission -Texas NeuroRehab Center -Texas State University -The Georgetown Project -Thrive Chiropractic Center -United Way of Williamson County -University of Texas School of Nursing -Valence Health Opportunities for Williamson and Burnet Counties -Williamson County and Cities Health District -Williamson County EMS -Williamson County HealthCare Link -Wyoming Springs Pediatrics

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 7	Facility A, 7 - FACILITY 10 - SETON MEDICAL CENTER HAYS The Internal Revenue Service (IRS) encourages local health care organizations to collaborate to avoid duplication of effort In this spirit of collaboration, Seton, St David's Foundation (SDF) and Central Texas Medical Center (CTMC) worked together to gather data and community input to inform the CHNA process for Hays County Seton took the lead on the collection and analysis of county-level demographic and health data, while SDF gathered community feedback Feedback was gathered from the broader community using three main methods 1 One-on-one stakeholder interviews using a standardized interview guide 2 A focus group and 3 An online survey to rank needs in priority order Input was solicited from individuals with a broad understanding of the community and its health needs Key stakeholders included local public health officials, individuals representing the interests of medically underserved, low-income and minority populations, health care providers, educators, public officials and many others During the interviews and focus group, participants were asked to identify the most significant community health needs facing Hays County, barriers to meeting those needs and potential solutions Input was gathered during nine stakeholder interviews, one focus group and through an online survey The lists below detail the organizations that formally participated in the interviews and/or focus groups The partners also launched an online survey to further refine the qualitative research findings and help rank the community health priorities The following organizations were represented by focus group participants -Community Action-community-based org -Hays County Food Bank-community-based org -Hays ISD-public education, health in schools -Parish Nurse Program-safety net clinic -San Marcos Healthy City Task Force-community-based org -WIC- state, county, city health department The following organizations were represented in the stakeholder interviews CAPCOG-community-based org CommuniCare Health Centers- safety net clinic Greater San Marcos Partnership-economic/business Hays CISD-public education, health in schools Hays County Commissioners Court- state, county, city health department Hays-Caldwell Women's Center-community-based org Live Oak Health Partners Community Clinic-hospital Methodist Healthcare Ministries-safety net clinic Seton Medical Center Hays-hospital

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 8	Facility A, 8 - FACILITY 11 - CEDAR PARK REGIONAL MEDICAL CENTER The Williamson County CHA Strategic Planning Team (The CHA Team) used the National Association of County and City Health Officials (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP) process as a proven systematic framework for identifying community health needs and the resources for meeting those needs. The MAPP process consists of four assessments - the community health status assessment, the community themes and strengths assessment, the forces of change assessment and the local public health systems assessment. Following this framework, the CHA Team utilized a mixed-method, participatory, and collaborative approach to conduct these assessments to evaluate the health of the community defined by the geographic area of Williamson County, Texas. The assessment process included both primary data generated by the partners and secondary data from external organizations, this data on health, socio-behavioral, and economic indicators for the county were aggregated from a large number of local, state, and federal data sources. Whenever possible, the CHA Team analyzed data at the census tract level to understand the diversity within and across areas of Williamson County at the most detailed level available. As such, the team complemented the large volume of quantitative data with qualitative data gathered through facilitated discussions, key informant interviews, and focus groups with residents and stakeholders. Through engagement in facilitated discussions, leadership from WCCHD and the WWA provided feedback on the current status of and potential improvements to the local public health system. Additionally, trained facilitators conducted 12 focus groups with community members from a variety of groups including youth, non-English speakers, older adults, healthcare systems staff, non-profit organizations, educational entities, and local governments. In all, more than 100 community members were engaged through the CHA process. Together, these quantitative and qualitative analyses constitute a comprehensive view of the factors influencing the health of the community and provide the basis for the community's determination of their priority areas. The list below highlights the organizations represented at the Williamson County Focus Groups: -Good Life -Taylor Literacy Council of Williamson County -Opportunities Bagdad -Head Start -Opportunities Round Rock -Taylor Independent School District (ISD) The following organizations participated in key informant interviews: -Asian Chamber of Commerce -Catholic Charities of Central Texas -St. David's Foundation -Texas A&M AgriLife Extension -UT School of Public Health The following organizations participated in Stakeholder Input Sessions: -AGE of Central Texas -American Diabetes Association -American Heart Association -Baylor Scott & White Health -Bike Hutto -Bluebonnet Trails Community Services -Children's Optimal Health -City of Georgetown -Fleet Feet Sports -Round Rock Foundation Communities -FRIDAY & ADAPT -Gardner Chiropractic Family and Wellness Center -Georgetown Health Foundation -Georgetown ISD -Hutto ISD -IT'S TIME TEXAS -Leander ISD -LifeSteps Council on Alcohol and Drugs Literacy Council of Williamson County -Lone Star Circle of Care One -One Life Health Coaches -Pflugerville ISD -Phoenix House -Promotoras Unidas por La Salud -Round Rock ISD -Seton Health Plan -Southwestern University -St. David's Georgetown Hospital -Taylor ISD -Texas A&M AgriLife Extension Service -Texas A&M College of Medicine Texas A&M Health Science Center -Texas Department of Agriculture -Texas Department of State Health Services -Texas Health and Human Services Commission -Texas NeuroRehab Center -Texas State University -The Georgetown Project -Thrive Chiropractic Center -United Way of Williamson County -University of Texas School of Nursing -Valence Health Opportunities for Williamson and Burnet Counties -Williamson County and Cities Health District -Williamson County EMS -Williamson County HealthCare Link -Wyoming Springs Pediatrics

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 9	Facility A, 9 - FACILITY 12 - CENTRAL TEXAS REHABILITATION HOSPITAL Seton, St David's Foundation (SDF), the Austin/Travis County Health and Human Services Department (ATCHHSD), Central Health and Baylor Scott & White (henceforth "the CHNA collaborators") share the common goal of building healthier communities To avoid duplication of effort, the CHNA collaborators worked together to gather data and community input to inform the CHNA process for Travis County The Internal Revenue Service (IRS) encourages local health care organizations to work together to avoid duplication of effort The CHNA collaborators gathered feedback from the broader community using several methods 1 One-on-one stakeholder interviews using a standardized interview guide 2 Focus groups 3 A community forum hosted by the ATCHHSD 4 An online survey to rank needs in priority order The CHNA collaborators solicited input from individuals with a broad understanding of the community and its health needs Key stakeholders included public health officials, individuals representing the interests of medically underserved, low-income and minority populations, health care providers, educators, public officials and many others During the interviews and focus groups, participants were asked to identify the most significant community health needs facing Travis County, barriers to meeting those needs and potential solutions For the Travis County CHNA, input was gathered during nine stakeholder interviews, one focus group, a community forum and through online survey The following organizations were represented during stakeholder interviews -Austin/Travis County Health and Human Services-state, city, county health department -CAPCOG-community-based organization -CapMetro-transportation -Del Valle ISD-public education, health in schools -Travis County Integral Care-safety net clinics -Lone Star Circle of Care-safety net clinics -Manor ISD- public education, health in schools -Pflugerville ISD- public education, health in schools The following organizations were represented at the focus groups -Asian American Quality of Life Commission-community-based organization -Austin ISD- public education, health in schools -City of Austin- city government -Community Action Network-community-based organization -CommUnity Care-safety net clinic -El Buen Samaritano- safety net clinic -Foundation Communities-community-based organization -Meals on Wheels and More-community-based organization -One Voice/Easter Seals Central Texas community-based organization -People's Community Clinic-safety net clinic -Travis County State, county, city health department

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility A, 10	Facility A, 10 - FACILITY 15 - WARM SPRINGS REHABILITATION HOSPITAL OF KYLE The Internal Revenue Service (IRS) encourages local health care organizations to collaborate to avoid duplication of effort In this spirit of collaboration, Seton, St David's Foundation (SDF) and Central Texas Medical Center (CTMC) worked together to gather data and community input to inform the CHNA process for Hays County Seton took the lead on the collection and analysis of county-level demographic and health data, while SDF gathered community feedback Feedback was gathered from the broader community using three main methods 1 One-on-one stakeholder interviews using a standardized interview guide 2 A focus group and 3 An online survey to rank needs in priority order Input was solicited from individuals with a broad understanding of the community and its health needs Key stakeholders included local public health officials, individuals representing the interests of medically underserved, low-income and minority populations, health care providers, educators, public officials and many others During the interviews and focus group, participants were asked to identify the most significant community health needs facing Hays County, barriers to meeting those needs and potential solutions Input was gathered during nine stakeholder interviews, one focus group and through an online survey The lists below detail the organizations that formally participated in the interviews and/or focus groups The partners also launched an online survey to further refine the qualitative research findings and help rank the community health priorities The following organizations were represented by focus group participants -Community Action-community-based organization - Hays County Food Bank-community-based organization -Hays ISD-public education, health in schools -Parish Nurse Program-safety net clinic -San Marcos Healthy City Task Force-community-based organization -WIC- state, county, city health department The following organizations were represented in the stakeholder interviews CAPCOG-community-based organization CommuniCare Health Centers- safety net clinic Greater San Marcos Partnership-economic/business Hays CISD-public education, health in schools Hays County Commissioners Court- state, county, city health department Hays-Caldwell Women's Center-community-based organization Live Oak Health Partners Community Clinic-hospital Methodist Healthcare Ministries-safety net clinic Seton Medical Center Hays-hospital

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 1	Facility A, 1 - FACILITY 1 - SETON MEDICAL CENTER AUSTIN THE OTHER HOSPITAL FACILITY WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHNA INCLUDE - CENTRAL HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 2	Facility A, 2 - FACILITY 2 - UNIVERSITY MEDICAL CENTER BRACKENRIDGE THE OTHER HOSPITAL FACILITY WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHNA INCLUDE - CENTRAL HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 3	Facility A, 3 - FACILITY 3 - DELL CHILDREN'S MEDICAL CENTER OF CENTRAL TEXAS THE OTHER HOSPITAL FACILITY WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHNA INCLUDE - CENTRAL HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 4	Facility A, 4 - FACILITY 6 - SETON NORTHWEST HOSPITAL THE OTHER HOSPITAL FACILITY WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHNA INCLUDE - CENTRAL HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 5	Facility A, 5 - FACILITY 7 - SETON SOUTHWEST HOSPITAL THE OTHER HOSPITAL FACILITY WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHNA INCLUDE - CENTRAL HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 6	Facility A, 6 - FACILITY 10 - SETION MEDICAL CENTER HAYS THE OTHER HOSPITAL FACILITY WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHNA INCLUDE - CENTRAL TEXAS MEDICAL CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 7	Facility A, 7 - FACILITY 12 - CENTRAL TEXAS REHABILITATION HOSPITAL THE OTHER HOSPITAL FACILITY WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHNA INCLUDE - CENTRAL HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility A, 8	Facility A, 8 - FACILITY 15 - WARM SPRINGS REHABILITATION HOSPITAL OF KYLE THE OTHER HOSPITAL FACILITY WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHNA INCLUDE - CENTRAL TEXAS MEDICAL CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 1	Facility A, 1 - FACILITY 1 - SETON MEDICAL CENTER AUSTIN THE OTHER ORGANIZATIONS WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHNA INCLUDE - ST DAVID'S FOUNDATION - AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT - BAYLOR SCOTT & WHITE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 2	Facility A, 2 - FACILITY 2 - UNIVERSITY MEDICAL CENTER BRACKENRIDGE THE OTHER ORGANIZATIONS WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHNA INCLUDE - ST DAVID'S FOUNDATION - AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT - BAYLOR SCOTT & WHITE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 3	Facility A, 3 - FACILITY 3 - DELL CHILDREN'S MEDICAL CENTER OF CENTRAL TEXAS THE OTHER ORGANIZATIONS WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHNA INCLUDE - ST DAVID'S FOUNDATION - AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT - BAYLOR SCOTT & WHITE

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 4	Facility A, 4 - FACILITY 6 - SETON NORTHWEST HOSPITAL THE OTHER ORGANIZATIONS WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHNA INCLUDE - ST DAVID'S FOUNDATION - AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT - BAYLOR SCOTT & WHITE

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 5	Facility A, 5 - FACILITY 7 - SETON SOUTHWEST HOSPITAL THE OTHER ORGANIZATIONS WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHNA INCLUDE - ST DAVID'S FOUNDATION - AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT - BAYLOR SCOTT & WHITE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 6	Facility A, 6 - FACILITY 9 - SETON MEDICAL CENTER WILLIAMSON THE OTHER ORGANIZATIONS WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHNA INCLUDE - ST DAVID'S FOUNDATION - OPPORTUNITIES FOR WILLIAMSON & BURNET COUNTIES - BAYLOR SCOTT & WHITE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 7	Facility A, 7 - FACILITY 10 - SETON MEDICAL CENTER HAYS THE OTHER ORGANIZATIONS WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHNA INCLUDE - ST DAVID'S FOUNDATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 8	Facility A, 8 - FACILITY 11 - CEDAR PARK REGIONAL MEDICAL CENTER THE OTHER ORGANIZATIONS WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHAN INCLUDE - ST DAVID'S FOUNDATION - OPPORTUNITIES FOR WILLIAMSON & BURNET COUNTIES - BAYLOR SCOTT & WHITE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 9	Facility A, 9 - FACILITY 12 - CENTRAL TEXAS REHABILITATION HOSPITAL THE OTHER ORGANIZATIONS WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHNA INCLUDE - ST DAVID'S FOUNDATION - AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT - BAYLOR SCOTT & WHITE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility A, 10	Facility A, 10 - FACILITY 15 - WARM SPRINGS REHABILITATION HOSPITAL OF KYLE THE OTHER ORGANIZATIONS WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHNA INCLUDE - ST DAVID'S FOUNDATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility A, 1	Facility A, 1 - FACILITY 1 - SETON MEDICAL CENTER AUSTIN THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") OF THE HOSPITAL FACILITY CAN BE LOCATED AT THE FOLLOWING WEB ADDRESS https //www seton net/wp-content/uploads/2016/06/Travis-CHNA-2016 pdf

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility A, 2	Facility A, 2 - FACILITY 2 - UNIVERSITY MEDICAL CENTER BRACKENRIDGE THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") OF THE HOSPITAL FACILITY CAN BE LOCATED AT THE FOLLOWING WEB ADDRESS https //www seton net/wp-content/uploads/2016/06/Travis-CHNA-2016 pdf

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility A, 3	Facility A, 3 - FACILITY 3 - DELL CHILDREN'S MEDICAL CENTER OF CENTRAL TEXAS THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") OF THE HOSPITAL FACILITY CAN BE LOCATED AT THE FOLLOWING WEB ADDRESS https //www seton net/wp-content/uploads/2016/06/Travis-CHNA-2016 pdf

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility A, 4	Facility A, 4 - FACILITY 6 - SETON NORTHWEST HOSPITAL THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") OF THE HOSPITAL FACILITY CAN BE LOCATED AT THE FOLLOWING WEB ADDRESS https //www seton net/wp-content/uploads/2016/06/Travis-CHNA-2016 pdf

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility A, 5	Facility A, 5 - FACILITY 7 - SETON SOUTHWEST HOSPITAL THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") OF THE HOSPITAL FACILITY CAN BE LOCATED AT THE FOLLOWING WEB ADDRESS https //www seton net/wp-content/uploads/2016/06/Travis-CHNA-2016 pdf

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility A, 6	Facility A, 6 - FACILITY 9 - SETON MEDICAL CENTER WILLIAMSON THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") OF THE HOSPITAL FACILITY CAN BE LOCATED AT THE FOLLOWING WEB ADDRESS https //www seton net/wp-content/uploads/2016/06/Williamson-CHNA-2016 pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility A, 7	Facility A, 7 - FACILITY 10 - SETON MEDICAL CENTER HAYS THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") OF THE HOSPITAL FACILITY CAN BE LOCATED AT THE FOLLOWING WEB ADDRESS https //www seton net/wp-content/uploads/2016/06/Hays-CHNA-2016 pdf

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility A, 8	Facility A, 8 - FACILITY 11 - CEDAR PARK REGIONAL MEDICAL CENTER THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") OF THE HOSPITAL FACILITY CAN BE LOCATED AT THE FOLLOWING WEB ADDRESS https //www seton net/wp-content/uploads/2016/06/Williamson-CHNA-2016 pdf

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility A, 9	Facility A, 9 - FACILITY 12 - CENTRAL TEXAS REHABILITATION HOSPITAL THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") OF THE HOSPITAL FACILITY CAN BE LOCATED AT THE FOLLOWING WEB ADDRESS http //www khrehabcentraltexas com/uploadedFiles/Hosp_- _khrehabcentraltexascom/ Patients_and_Families/Content/Central%20Texas%20Rehab% 20CHNA%202016 pdf

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility A, 10	Facility A, 10 - FACILITY 15 - WARM SPRING REHABILITATION HOSPITAL OF KYLE THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") OF THE HOSPITAL FACILITY CAN BE LOCATED AT THE FOLLOWING WEB ADDRESS http //www.warmsprings.org/our-facilities/outpatient-rehabilitation/warm-springs-rehabilitation-center-kyle/financial-assistance/

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	<p>Facility A, 1 - FACILITY 1 - SETON MEDICAL CENTER AUSTIN Seton conducted its first CHNA for Travis County in 2013 in collaboration with Austin/Travis County Health and Human Services. Based on the CHNA findings, Seton prioritized the following needs in FY 2014-2016: (1) access to care, (2) behavioral health, (3) chronic disease and disease management, (4) obesity, and (5) community collaboration. During the 2016 Community Health Needs Assessment Process (CHNA), which included both quantitative and qualitative analysis, Seton identified and prioritized five main health needs for Travis County: (1) Mental and behavioral health, (2) chronic diseases, (3) primary and specialty care, (4) system of care and (5) social determinants of health. To address these five key needs, Seton has produced a Community Health Improvement Plan (CHIP) for each of its hospital and joint ventures in Travis County. Each plan identifies the actions the hospital, with the support of Seton, plans to take to address the prioritized needs identified in the CHNA of its service area. Since Seton has multiple sites, both inpatient and outpatient, throughout Travis County, the actions described in the Implementation Strategies are not strictly operated by any one facility. The majority of these Seton-led actions are designed to serve Travis County residents regardless of where they live or seek health care.</p> <p>NOTE -Central Texas Rehabilitation Hospital (CTRH) is an inpatient rehabilitation hospital that helps people regain function after serious illnesses and injuries. The five priorities above represent the major community health needs in Travis County. CTRH views these needs primarily through the lens of rehabilitation and recovery and recognizes their connection to overall health.</p> <p>-Seton Shoal Creek (SSC) is a behavioral health hospital that offers mental health and substance abuse services. The five priorities above represent the overall community health needs in Travis County. SSC views these needs primarily through the lens of mental and behavioral health and recognizes the relationship between physical and mental health.</p> <p>-Dell Children's Medical Center (DCMC) is a pediatric hospital and will address the prioritized health needs through a pediatric lens. The Community Health Improvement Plan for Travis County addresses all of the needs identified in the Caldwell County CHNA. As required by IRS Guidelines, for each need, Seton has identified key actions to address the need.</p> <p>-The anticipated impact of these actions</p> <p>-Available resource to address the need</p> <p>-Potential collaborations</p> <p>The most significant overarching strategies Seton is pursuing to transform the delivery of health care in Central Texas and better fit our role of delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable, include the following:</p> <ul style="list-style-type: none"> -Community Care Collaborative/Central Health - Dell Medical School/ Dell Seton Medical Center at the University of Texas -1115 Medicaid Waiver Delivery System Reform Incentive Program (DSRIP) projects -Seton's Telehealth Initiative (including telemedicine, digital clinics and remote patient monitoring) -Seton's Population Health Command Center <p>These overarching strategies address all of the prioritized health needs identified in the Travis County Community Health Needs Assessment.</p> <p>Social Determinant of Health</p> <p>As part of Ascension, the largest non-profit health system in the U.S. and the world's largest Catholic health system, Seton is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. Seton acknowledges the impact environmental and life factors have on a person's health outside health care settings. Seton executives, physicians and associates are both leaders and active participants in strategic discussions about many of the most pressing social and economic issues impacting communities we serve. This includes many of the social determinants of health raised by the community during the 2016 CHNA process, such as transportation and housing. Seton is directly addressing social determinants of health in several ways.</p> <ul style="list-style-type: none"> -Seton is evaluating the effectiveness of its procedures for social service referrals to better support underserved populations. -Several of the Seton 1115 Medicaid Waiver DSRIP Projects address social determinants of health, such as the cultural competency project that is later detailed in a logic model. -Seton's Telehealth and Command Center strategies described above address transportation issues by allowing patients to receive care in their community or even in their own homes. -Seton has established collaborations, including the Community Care Collaborative and has provided monetary donations and funding to agencies that align with our mission and address social determinants of health. <p>Further details on the strategies employed by Seton, including extensive in</p>

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 1	formation on Seton's DSRIP projects is included in the actual Community Health Improvement Plan

Section C. Supplemental Information for Part V, Section B.
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	Facility A, 2 - FACILITY 2 - UNIVERSITY MEDICAL CENTER BRACKENRIDGE Seton conducted its first CHNA for Travis County in 2013 in collaboration with Austin/Travis County Health and Human Services Based on the CHNA findings, Seton prioritized the following needs in FY 20 14-2016 (1) access to care, (2) behavioral health, (3) chronic disease and disease management, (4) obesity, and (5) community collaboration During the 2016 Community Health Needs Assessment Process (CHNA), which included both quantitative and qualitative analysis, Set on identified and prioritized five main health needs for Travis County (1) Mental and beh avioral health, (2) chronic diseases (3) primary and specialty care, (4) system of care and (5) social determinants of health To address these five key needs, Seton has produced a Community Health Improvement Plan (CHIP) for each of its hospital and joint ventures in T ravis County Each plan identifies the actions the hospital, with the support of Seton, pl ans to take to address the prioritized needs identified in the CHNA of its service area S ince Seton has multiple sites, both inpatient and outpatient, throughout Travis County, th e actions described in the Implementation Strategies are not strictly operated by any one facility The majority of these Seton-led actions are designed to serve Travis County resi dents regardless of where they live or seek health care NOTE -Central Texas Rehabilitation Hospital (CTRH) is an inpatient rehabilitation hospital that helps people regain functi on after serious illnesses and injuries The five priorities above represent the major com munity health needs in Travis County CTRH views these needs primarily through the lens of rehabilitation and recovery and recognizes their connection to overall health -Seton Sho al Creek (SSC) is a behavioral health hospital that offers mental health and substance abu se services The five priorities above represent the overall community health needs in Tra vis County SSC views these needs primarily through the lens of mental and behavioral heal th and recognizes the relationship between physical and mental health -Dell Children's Me dical Center (DCMC) is a pediatric hospital and will address the prioritized health needs through a pediatric lens The Community Health Improvement Plan for Travis County addresse s all of the needs identified in the Caldwell County CHNA As required by IRS Guidelines, for each need, Seton has identified key actions to address the need -The anticipated impa ct of these actions -Avaliable resource to address the need -Potential collaborations T he most significant overarching strategies Seton is pursuing to transform the delivery of health care in Central Texas and better fit our role of delivering compassionate, personal ized care to all, with special attention to persons living in poverty and those most vulne rable, include the following -Community Care Collaborative/Central Health -Dell Medical S chool/ Dell Seton Medical Center at the University of Texas -1115 Medicaid Waiver Delivery System Reform Incentive Program (DSRIP) projects -Seton's Telehealth Initiative (includi ng telemedicine, digital clinics and remote patient monitoring) -Seton's Population Health Command Center These overarching strategies address all of the prioritized health needs i dentified in the Travis County Community Health Needs Assessment Social Determinant of He alth As part of Ascension, the largest non-profit health system in the U S and the world 's largest Catholic health system, Seton is committed to delivering compassionate, persona lized care to all, with special attention to persons living in poverty and those most vuln erable Seton acknowledges the impact environmental and life factors have on a person's he alth outside health care settings Seton executives, physicians and associates are both le aders and active participants in strategic discussions about many of the 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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 2	xtensive information on Seton's DSRIP projects is included in the actual Community Health Improvement Plan

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 3	<p>Facility A, 3 - FACILITY 3 - DELL CHILDREN'S MEDICAL CENTER OF CENTRAL TEXAS Seton conducted its first CHNA for Travis County in 2013 in collaboration with Austin/Travis County Health and Human Services. Based on the CHNA findings, Seton prioritized the following needs in FY 2014-2016: (1) access to care, (2) behavioral health, (3) chronic disease and disease management, (4) obesity, and (5) community collaboration. During the 2016 Community Health Needs Assessment Process (CHNA), which included both quantitative and qualitative analysis, Seton identified and prioritized five main health needs for Travis County: (1) Mental and behavioral health, (2) chronic diseases, (3) primary and specialty care, (4) system of care and (5) social determinants of health. To address these five key needs, Seton has produced a Community Health Improvement Plan (CHIP) for each of its hospital and joint ventures in Travis County. 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The five priorities above represent the overall community health needs in Travis County. SSC views these needs primarily through the lens of mental and behavioral health and recognizes the relationship between physical and mental health. -Dell Children's Medical Center (DCMC) is a pediatric hospital and will address the prioritized health needs through a pediatric lens. The Community Health Improvement Plan for Travis County addresses all of the needs identified in the Caldwell County CHNA. As required by IRS Guidelines, for each need, Seton has identified key actions to address the need. -The anticipated impact of these actions. -Available resource to address the need. -Potential collaborations. The most significant overarching strategies Seton is pursuing to transform the delivery of health care in Central Texas and better fit our role of delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable, include the following: -Community Care Collaborative/Central Health -Dell Medical School/ Dell Seton Medical Center at the University of Texas -1115 Medicaid Waiver Delivery System Reform Incentive Program (DSRIP) projects -Seton's Telehealth Initiative (including telemedicine, digital clinics and remote patient monitoring) -Seton's Population Health Command Center. These overarching strategies address all of the prioritized health needs identified in the Travis County Community Health Needs Assessment: Social Determinant of Health. As part of Ascension, the largest non-profit health system in the U.S. and the world's largest Catholic health system, Seton is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. Seton acknowledges the impact environmental and life factors have on a person's health outside health care settings. Seton executives, physicians and associates are both leaders and active participants in strategic discussions about many of the most pressing social and economic issues impacting communities we serve. This includes many of the social determinants of health raised by the community during the 2016 CHNA process, such as transportation and housing. 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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 4	<p>Facility A, 4 - FACILITY 6 - SETON NORTHWEST HOSPITAL Seton conducted its first CHNA for Travis County in 2013 in collaboration with Austin/Travis County Health and Human Services Based on the CHNA findings, Seton prioritized the following needs in FY 2014-2016 (1) access to care, (2) behavioral health, (3) chronic disease and disease management, (4) obesity, and (5) community collaboration During the 2016 Community Health Needs Assessment Process (CHNA), which included both quantitative and qualitative analysis, Seton identified and prioritized five main health needs for Travis County (1) Mental and behavioral health, (2) chronic diseases (3) primary and specialty care, (4) system of care and (5) social determinants of health To address these five key needs, Seton has produced a Community Health Improvement Plan (CHIP) for each of its hospital and joint ventures in Travis County Each plan identifies the actions the hospital, with 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Schedule H, Part V, Section B, Line 11 Facility A, 5	<p>Facility A, 5 - FACILITY 7 - SETON SOUTHWEST HOSPITAL Seton conducted its first CHNA for Travis County in 2013 in collaboration with Austin/Travis County Health and Human Services Based on the CHNA findings, Seton prioritized the following needs in FY 2014-2016 (1) access to care, (2) behavioral health, (3) chronic disease and disease management, (4) obesity, and (5) community collaboration During the 2016 Community Health Needs Assessment Process (CHNA), which included both quantitative and qualitative analysis, Seton identified and prioritized five main health needs for Travis County (1) Mental and behavioral health, (2) chronic diseases (3) primary and specialty care, (4) system of care and (5) social determinants of health To address these five key needs, Seton has produced a Community Health Improvement Plan (CHIP) for each of its hospital and joint ventures in Travis County Each plan identifies the actions the hospital, with 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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 6	Facility A, 6 - FACILITY 9 - SETON MEDICAL CENTER WILLIAMSON The 2013 CHNA highlighted the following five community health priorities (1) access to care, (2) behavioral health, (3) chronic disease, (4) obesity and (5) community collaboration During the 2016 Community Health Needs Assessment (CHNA) Process, which included both quantitative and qualitative analysis, Seton identified and prioritized five main health needs for Williamson County (1) Mental health, (2) Access to healthcare, (3) awareness of healthcare resources, (4) active living and (5) chronic diseases To address these five key needs, Seton produced a Community Health Improvement Plan (CHIP) for each of its hospital and joint venture in Williamson County Each plan identifies the actions the hospital, with the support of Seton, plans to take to address the prioritized needs identified in the CHNA of its service area Since Seton has multiple sites, both inpatient and outpatient, throughout Central Texas, the actions described in the Implementation Strategies are not strictly operated by any one Seton facility The majority of these Seton-led actions are designed to serve Williamson County residents regardless of where they live or seek health care The Community Health Improvement Plan for Seton's Williamson County facilities addresses all of the needs identified in the Williamson County CHNA As required by IRS Guidelines, for each need, Seton has identified -Key actions to address the need -The anticipated impact of these actions -Available resource to address the need -Potential collaborations The most significant overarching strategies Seton is pursuing to transform the delivery of health care in Central Texas and better fit our role of delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable, include the following -Dell Medical School/ Dell Seton Medical Center at the University of Texas -Seton's Telehealth Initiative, (including telemedicine, digital clinics and remote patient monitoring) -Seton's Population Health Command Center These overarching strategies address all of the prioritized health needs identified in the Hays County Community Health Needs Assessment Other specific strategies include designing, developing and deliver an Ascension Medical Mission at Home in Williamson County, the Ignite Women's Health program and a Diabetes Education Program Social Determinant of Health As part of Ascension, the largest non-profit health system in the U S and the world's largest Catholic health system, Seton is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable Seton acknowledges the impact environmental and life factors have on a person's health outside health care settings Seton executives, physicians and associates are both leaders and active participants in strategic discussions about many of the most pressing social and economic issues impacting communities we serve This includes many of the social determinants of health raised by the community during the 2016 CHNA process, such as transportation and housing Seton is directly addressing social determinants of health in several ways -Seton is evaluating the effectiveness of its procedures for social service referrals to better support underserved populations -Seton's Telehealth and Command Center strategies described above address transportation issues by allowing patients to receive care in their community or even in their own homes -Seton has established collaborations and has provided monetary donations and funding to agencies that align with our mission and address social determinants of health Other specific strategies include designing, developing and deliver an Ascension Medical Mission at Home in Williamson County, the Ignite Women's Health program and a Diabetes Education Program Further details on the strategies employed by Seton are included in the actual Community Health Improvement Plan

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 7	<p>Facility A, 7 - FACILITY 10 - SETON MEDICAL CENTER HAYS Seton conducted its first CHNA for Hays County in 2013 The CHNA identified the following prioritized needs for FY 2014-2016 (1) access to care, (2) chronic disease and disease management, (3) behavioral health, (4) obesity and (5) community collaboration During the 2016 Community Health Needs Assessment (CHNA) Process, which included both quantitative and qualitative analysis, Seton identified and prioritized five main health needs for Caldwell County (1) Chronic diseases, (2) mental and behavioral health care, (3) primary and specialty care, (4) system of care and (5) social determinants of health To address these five key needs, Seton has produced a Community Health Improvement Plan (CHIP) for Seton Edgar B Davis, its hospital in Caldwell County The plan identifies the actions the hospital, with the support of Seton, plans to take to address the prioritized needs identified in the CHNA of its service area Since Seton has multiple sites, both inpatient and outpatient, throughout Central Texas, the actions described in the Implementation Strategy is not strictly operated by any one facility The majority of these Seton-led actions are designed to serve Caldwell County residents regardless of where they live or seek health care NOTE Given the specific focus and mission of Warm Springs as an inpatient rehabilitation hospital, Warm Springs recognizes that some community health needs may fall outside our direct line of service and expertise Additionally, these needs may be better served by the Seton Family of Hospitals and other community partners whose mission is to address these needs directly However, given that all of these health needs are interrelated, Warm Springs will incorporate implementation strategies for all areas of need The Community Health Improvement Plan for Hays County facilities addresses all of the needs identified in the Hays County CHNA As required by IRS Guidelines, for each need, Seton has identified -Key actions to address the need -The anticipated impact of these actions -Available resource to address the need -Potential collaborations The most significant overarching strategies Seton is pursuing to transform the delivery of health care in Central Texas and better fit our role of delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable, include the following -Dell Medical School/ Dell Seton Medical Center at the University of Texas -Seton's Telehealth Initiative (including telemedicine, digital clinics and remote patient monitoring) -Seton's Population Health Command Center These overarching strategies address all of the prioritized health needs identified in the Hays County Community Health Needs Assessment Other specific strategies include the Seton Edgar B Davis Care-a-Van for children, a Patient Prescription Assistance Program for uninsured residents, a Diabetes Education Program, and the Heritage Program which provides intensive outpatient mental health care for seniors in Hays and surrounding communities and Lockhart & Luling Rural Health Centers and the Caldwell County Indigent Health Care program Additional strategies include designing, developing and deliver an Ascension Medical Mission at Home in Hays County, a Prescription Assistance Program, a Diabetes Education Program and the Heritage Program which provides intensive outpatient mental health care for seniors in Hays and surrounding communities Social Determinant of Health As part of Ascension, the largest non-profit health system in the U S and the world's largest Catholic health system, Seton is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable Seton acknowledges the impact environmental and life factors have on a person's health outside health care settings Seton executives, physicians and associates are both leaders and active participants in strategic discussions about many of the most pressing social and economic issues impacting communities we serve This includes many of the social determinants of health raised by the community during the 2016 CHNA process, such as transportation and housing Seton is directly addressing social determinants of health in several ways -Seton is evaluating the effectiveness of its procedures for social service referrals to better support underserved populations -Seton's Telehealth and Command Center strategies described above address transportation issues by allowing patients to receive care in their community or even in their own homes -Seton has established collaborations and has provided monetary donations and funding to agencies that align with our mission and address social determinants of health Further details on the strategies employed by Seton is included in the actual Community Health Improvement Plan</p>

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 8	Facility A, 8 - FACILITY 11 - CEDAR PARK REGIONAL MEDICAL CENTER The 2013 CHNA highlighted the following five community health priorities (1) access to care, (2) behavioral health, (3) chronic disease, (4) obesity and (5) community collaboration During the 2016 Community Health Needs Assessment (CHNA) Process, which included both quantitative and qualitative analysis, Seton identified and prioritized five main health needs for Williamson County (1) Mental health, (2) Access to healthcare, (3) awareness of healthcare resources, (4) active living and (5) chronic diseases To address these five key needs, Seton produced a Community Health Improvement Plan (CHIP) for each of its hospital and joint venture in Williamson County Each plan identifies the actions the hospital, with the support of Seton, plans to take to address the prioritized needs identified in the CHNA of its service area Since Seton has multiple sites, both inpatient and outpatient, throughout Central Texas, the actions described in the Implementation Strategies are not strictly operated by any one Seton facility The majority of these Seton-led actions are designed to serve Williamson County residents regardless of where they live or seek health care The Community Health Improvement Plan for Seton's Williamson County facilities addresses all of the needs identified in the Williamson County CHNA As required by IRS Guidelines, for each need, Seton has identified -Key actions to address the need -The anticipated impact of these actions -Available resource to address the need -Potential collaborations The most significant overarching strategies Seton is pursuing to transform the delivery of health care in Central Texas and better fit our role of delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable, include the following -Dell Medical School/ Dell Seton Medical Center at the University of Texas -Seton's Telehealth Initiative, (including telemedicine, digital clinics and remote patient monitoring) -Seton's Population Health Command Center These overarching strategies address all of the prioritized health needs identified in the Hays County Community Health Needs Assessment Other specific strategies include designing, developing and deliver an Ascension Medical Mission at Home in Williamson County, the Ignite Women's Health program and a Diabetes Education Program Social Determinant of Health As part of Ascension, the largest non-profit health system in the U S and the world's largest Catholic health system, Seton is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable Seton acknowledges the impact environmental and life factors have on a person's health outside health care settings Seton executives, physicians and associates are both leaders and active participants in strategic discussions about many of the most pressing social and economic issues impacting communities we serve This includes many of the social determinants of health raised by the community during the 2016 CHNA process, such as transportation and housing Seton is directly addressing social determinants of health in several ways -Seton is evaluating the effectiveness of its procedures for social service referrals to better support underserved populations -Seton's Telehealth and Command Center strategies described above address transportation issues by allowing patients to receive care in their community or even in their own homes -Seton has established collaborations and has provided monetary donations and funding to agencies that align with our mission and address social determinants of health Other specific strategies include designing, developing and deliver an Ascension Medical Mission at Home in Williamson County, the Ignite Women's Health program and a Diabetes Education Program Further details on the strategies employed by Seton are included in the actual Community Health Improvement Plan

Section C. Supplemental Information for Part V, Section B.
Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 9	<p>Facility A, 9 - FACILITY 12 - CENTRAL TEXAS REHABILITATION HOSPITAL Seton conducted its first CHNA for Travis County in 2013 in collaboration with Austin/Travis County Health and Human Services. Based on the CHNA findings, Seton prioritized the following needs in FY 2014-2016: (1) access to care, (2) behavioral health, (3) chronic disease and disease management, (4) obesity, and (5) community collaboration. During the 2016 Community Health Needs Assessment Process (CHNA), which included both quantitative and qualitative analysis, Seton identified and prioritized five main health needs for Travis County: (1) Mental and behavioral health, (2) chronic diseases, (3) primary and specialty care, (4) system of care and (5) social determinants of health. To address these five key needs, Seton has produced a Community Health Improvement Plan (CHIP) for each of its hospital and joint ventures in Travis County. Each plan identifies the actions the hospital, with the support of Seton, plans to take to address the prioritized needs identified in the CHNA of its service area. Since Seton has multiple sites, both inpatient and outpatient, throughout Travis County, the actions described in the Implementation Strategies are not strictly operated by any one facility. The majority of these Seton-led actions are designed to serve Travis County residents regardless of where they live or seek health care. NOTE -Central Texas Rehabilitation Hospital (CTRH) is an inpatient rehabilitation hospital that helps people regain function after serious illnesses and injuries. The five priorities above represent the major community health needs in Travis County. CTRH views these needs primarily through the lens of rehabilitation and recovery and recognizes their connection to overall health. -Seton Shoal Creek (SSC) is a behavioral health hospital that offers mental health and substance abuse services. The five priorities above represent the overall community health needs in Travis County. SSC views these needs primarily through the lens of mental and behavioral health and recognizes the relationship between physical and mental health. -Dell Children's Medical Center (DCMC) is a pediatric hospital and will address the prioritized health needs through a pediatric lens. The Community Health Improvement Plan for Travis County addresses all of the needs identified in the Caldwell County CHNA. As required by IRS Guidelines, for each need, Seton has identified key actions to address the need. -The anticipated impact of these actions. -Available resource to address the need. -Potential collaborations. The most significant overarching strategies Seton is pursuing to transform the delivery of health care in Central Texas and better fit our role of delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable, include the following: -Community Care Collaborative/Central Health. -Dell Medical School/ Dell Seton Medical Center at the University of Texas. -1115 Medicaid Waiver Delivery System Reform Incentive Program (DSRIP) projects. -Seton's Telehealth Initiative (including telemedicine, digital clinics and remote patient monitoring). -Seton's Population Health Command Center. These overarching strategies address all of the prioritized health needs identified in the Travis County Community Health Needs Assessment. Social Determinant of Health. As part of Ascension, the largest non-profit health system in the U.S. and the world's largest Catholic health system, Seton is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. Seton acknowledges the impact environmental and life factors have on a person's health outside health care settings. Seton executives, physicians and associates are both leaders and active participants in strategic discussions about many of the most pressing social and economic issues impacting communities we serve. This includes many of the social determinants of health raised by the community during the 2016 CHNA process, such as transportation and housing. Seton is directly addressing social determinants of health in several ways. -Seton is evaluating the effectiveness of its procedures for social service referrals to better support underserved populations. -Several of the Seton 1115 Medicaid Waiver DSRIP Project address social determinants of health, such as the cultural competency project that is later detailed in a logic model. -Seton's Telehealth and Command Center strategies described above address transportation issues by allowing patients to receive care in their community or even in their own homes. -Seton has established collaborations, including the Community Care Collaborative and has provided monetary donations and funding to agencies that align with our mission and address social determinants of health. Further details on the strategies employed by Seton, including e</p>

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 9	xtensive information on Seton's DSRIP projects is included in the actual Community Health Improvement Plan

Section C. Supplemental Information for Part V, Section B.
 Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 10	<p>Facility A, 10 - FACILITY 15 - WARM SPRINGS REHABILITATION HOSPITAL OF KYLE Seton conducted its first CHNA for Hays County in 2013. The CHNA identified the following prioritized needs for FY 2014-2016: (1) access to care, (2) chronic disease and disease management, (3) behavioral health, (4) obesity and (5) community collaboration. During the 2016 Community Health Needs Assessment (CHNA) Process, which included both quantitative and qualitative analysis, Seton identified and prioritized five main health needs for Caldwell County: (1) Chronic diseases, (2) mental and behavioral health care, (3) primary and specialty care, (4) system of care and (5) social determinants of health. To address these five key needs, Seton has produced a Community Health Improvement Plan (CHIP) for Seton Edgar B. Davis, its hospital in Caldwell County. The plan identifies the actions the hospital, with the support of Seton, plans to take to address the prioritized needs identified in the CHNA of its service area. Since Seton has multiple sites, both inpatient and outpatient, throughout Central Texas, the actions described in the Implementation Strategy are not strictly operated by any one facility. The majority of these Seton-led actions are designed to serve Caldwell County residents regardless of where they live or seek health care. NOTE: Given the specific focus and mission of Warm Springs as an inpatient rehabilitation hospital, Warm Springs recognizes that some community health needs may fall outside our direct line of service and expertise. Additionally, these needs may be better served by the Seton Family of Hospitals and other community partners whose mission is to address these needs directly. However, given that all of these health needs are interrelated, Warm Springs will incorporate implementation strategies for all areas of need. The Community Health Improvement Plan for Hays County facilities addresses all of the needs identified in the Hays County CHNA. As required by IRS Guidelines, for each need, Seton has identified: -Key actions to address the need -The anticipated impact of these actions -Available resource to address the need -Potential collaborations. The most significant overarching strategies Seton is pursuing to transform the delivery of health care in Central Texas and better fit our role of delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable, include the following: -Dell Medical School/ Dell Seton Medical Center at the University of Texas -Seton's Telehealth Initiative (including telemedicine, digital clinics and remote patient monitoring) -Seton's Population Health Command Center. These overarching strategies address all of the prioritized health needs identified in the Hays County Community Health Needs Assessment. Other specific strategies include: the Seton Edgar B. Davis Care-a-Van for children, a Patient Prescription Assistance Program for uninsured residents, a Diabetes Education Program, and the Heritage Program which provides intensive outpatient mental health care for seniors in Hays and surrounding communities and Lockhart & Luling Rural Health Centers and the Caldwell County Indigent Health Care program. Additional strategies include: designing, developing and delivering an Ascension Medical Mission at Home in Hays County, a Prescription Assistance Program, a Diabetes Education Program and the Heritage Program which provides intensive outpatient mental health care for seniors in Hays and surrounding communities. Social Determinant of Health: As part of Ascension, the largest non-profit health system in the U.S. and the world's largest Catholic health system, Seton is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. Seton acknowledges the impact environmental and life factors have on a person's health outside health care settings. Seton executives, physicians and associates are both leaders and active participants in strategic discussions about many of the most pressing social and economic issues impacting communities we serve. This includes many of the social determinants of health raised by the community during the 2016 CHNA process, such as transportation and housing. Seton is directly addressing social determinants of health in several ways: -Seton is evaluating the effectiveness of its procedures for social service referrals to better support underserved populations -Seton's Telehealth and Command Center strategies described above address transportation issues by allowing patients to receive care in their community or even in their own homes -Seton has established collaborations and has provided monetary donations and funding to agencies that align with our mission and address social determinants of health. Further details on the strategies employed by Seton are included in the actual Community Health Improvement Plan.</p>

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility A, 10	an

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility A, 1	Facility A, 1 - FACILITY 1 - SETON MEDICAL CENTER AUSTIN A SUMMARY OF THE CHARITY CARE POLICY (IN BOTH ENGLISH AND SPANISH) AND FINANCIAL ASSISTANCE CONTACT INFORMATION ARE POSTED IN ADMISSIONS AREAS, EMERGENCY DEPARTMENTS AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT A PLAIN LANGUAGE SUMMARY DOCUMENT EXPLAINING THE AVAILABILITY, CRITERIA AND PROCESS FOR APPLYING FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN PATIENT REGISTRATION AREAS AND IN THE PATIENT FINANCIAL SERVICES RECEPTION AREA SETON ASSOCIATES INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER POTENTIAL FEDERAL, STATE, AND/OR LOCAL GOVERNMENTAL FUNDING PROGRAMS (I E MEDICAID, CHIP, SSI, CRIME VICTIMS, COBRA, COUNTY INDIGENT, VETERANS' BENEFITS, THIRD PARTY LIABILITY, ETC) AS PART OF THE INTAKE PROCESS PRIOR TO, DURING, AND/OR AFTER SERVICE AS CLINICALLY APPROPRIATE FOR THE CARE SETTING UNINSURED AND UNDERINSURED PATIENTS ARE ASSISTED AND SUPPORTED AS NEEDED THROUGH THE ENTIRE ELIGIBILITY AND APPLICATION PROCESS (COMPLETION OF THE APPLICATION, COLLECTION AND COPYING OF SUPPORTING DOCUMENTATION, ETC) THROUGH THE COLLABORATIVE EFFORTS OF PATIENT ACCESS (ADMITTING/REGISTRATION), SETON'S INSURE-A-KID EMPLOYEES, CASE MANAGEMENT, ON-SITE HHSC CASEWORKERS, AND SETON'S CONTRACTED ELIGIBILITY VENDOR

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility A, 2	Facility A, 2 - FACILITY 2 - UNIVERSITY MEDICAL CENTER BRACKENRIDGE A SUMMARY OF THE CHARITY CARE POLICY (IN BOTH ENGLISH AND SPANISH) AND FINANCIAL ASSISTANCE CONTACT INFORMATION ARE POSTED IN ADMISSIONS AREAS, EMERGENCY DEPARTMENTS AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT A PLAIN LANGUAGE SUMMARY DOCUMENT EXPLAINING THE AVAILABILITY, CRITERIA AND PROCESS FOR APPLYING FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN PATIENT REGISTRATION AREAS AND IN THE PATIENT FINANCIAL SERVICES RECEPTION AREA SETON ASSOCIATES INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER POTENTIAL FEDERAL, STATE, AND/OR LOCAL GOVERNMENTAL FUNDING PROGRAMS (I E MEDICAID, CHIP, SSI, CRIME VICTIMS, COBRA, COUNTY INDIGENT, VETERANS' BENEFITS, THIRD PARTY LIABILITY, ETC) AS PART OF THE INTAKE PROCESS PRIOR TO, DURING, AND/OR AFTER SERVICE AS CLINICALLY APPROPRIATE FOR THE CARE SETTING UNINSURED AND UNDERINSURED PATIENTS ARE ASSISTED AND SUPPORTED AS NEEDED THROUGH THE ENTIRE ELIGIBILITY AND APPLICATION PROCESS (COMPLETION OF THE APPLICATION, COLLECTION AND COPYING OF SUPPORTING DOCUMENTATION, ETC) THROUGH THE COLLABORATIVE EFFORTS OF PATIENT ACCESS (ADMITTING/REGISTRATION), SETON'S INSURE-A-KID EMPLOYEES, CASE MANAGEMENT, ON-SITE HHSC CASEWORKERS, AND SETON'S CONTRACTED ELIGIBILITY VENDOR

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility A, 3	Facility A, 3 - FACILITY 3 - DELL CHILDREN'S MEDICAL CENTER OF CENTRAL TEXAS A SUMMARY OF THE CHARITY CARE POLICY (IN BOTH ENGLISH AND SPANISH) AND FINANCIAL ASSISTANCE CONTACT INFORMATION ARE POSTED IN ADMISSIONS AREAS, EMERGENCY DEPARTMENTS AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT A PLAIN LANGUAGE SUMMARY DOCUMENT EXPLAINING THE AVAILABILITY, CRITERIA AND PROCESS FOR APPLYING FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN PATIENT REGISTRATION AREAS AND IN THE PATIENT FINANCIAL SERVICES RECEPTION AREA SETON ASSOCIATES INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER POTENTIAL FEDERAL, STATE, AND/OR LOCAL GOVERNMENTAL FUNDING PROGRAMS (I E MEDICAID, CHIP, SSI, CRIME VICTIMS, COBRA, COUNTY INDIGENT, VETERANS' BENEFITS, THIRD PARTY LIABILITY, ETC) AS PART OF THE INTAKE PROCESS PRIOR TO, DURING, AND/OR AFTER SERVICE AS CLINICALLY APPROPRIATE FOR THE CARE SETTING UNINSURED AND UNDERINSURED PATIENTS ARE ASSISTED AND SUPPORTED AS NEEDED THROUGH THE ENTIRE ELIGIBILITY AND APPLICATION PROCESS (COMPLETION OF THE APPLICATION, COLLECTION AND COPYING OF SUPPORTING DOCUMENTATION, ETC) THROUGH THE COLLABORATIVE EFFORTS OF PATIENT ACCESS (ADMITTING/REGISTRATION), SETON'S INSURE-A-KID EMPLOYEES, CASE MANAGEMENT, ON-SITE HHSC CASEWORKERS, AND SETON'S CONTRACTED ELIGIBILITY VENDOR

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility A, 4	Facility A, 4 - FACILITY 6 - SETON NORTHWEST HOSPITAL A SUMMARY OF THE CHARITY CARE POLICY (IN BOTH ENGLISH AND SPANISH) AND FINANCIAL ASSISTANCE CONTACT INFORMATION ARE POSTED IN ADMISSIONS AREAS, EMERGENCY DEPARTMENTS AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT A PLAIN LANGUAGE SUMMARY DOCUMENT EXPLAINING THE AVAILABILITY, CRITERIA AND PROCESS FOR APPLYING FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN PATIENT REGISTRATION AREAS AND IN THE PATIENT FINANCIAL SERVICES RECEPTION AREA SETON ASSOCIATES INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER POTENTIAL FEDERAL, STATE, AND/OR LOCAL GOVERNMENTAL FUNDING PROGRAMS (I E MEDICAID, CHIP, SSI, CRIME VICTIMS, COBRA, COUNTY INDIGENT, VETERANS' BENEFITS, THIRD PARTY LIABILITY, ETC) AS PART OF THE INTAKE PROCESS PRIOR TO, DURING, AND/OR AFTER SERVICE AS CLINICALLY APPROPRIATE FOR THE CARE SETTING UNINSURED AND UNDERINSURED PATIENTS ARE ASSISTED AND SUPPORTED AS NEEDED THROUGH THE ENTIRE ELIGIBILITY AND APPLICATION PROCESS (COMPLETION OF THE APPLICATION, COLLECTION AND COPYING OF SUPPORTING DOCUMENTATION, ETC) THROUGH THE COLLABORATIVE EFFORTS OF PATIENT ACCESS (ADMITTING/REGISTRATION), SETON'S INSURE-A-KID EMPLOYEES, CASE MANAGEMENT, ON-SITE HHSC CASEWORKERS, AND SETON'S CONTRACTED ELIGIBILITY VENDOR

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility A, 5	Facility A, 5 - FACILITY 7 - SETON SOUTHWEST HOSPITAL A SUMMARY OF THE CHARITY CARE POLICY (IN BOTH ENGLISH AND SPANISH) AND FINANCIAL ASSISTANCE CONTACT INFORMATION ARE POSTED IN ADMISSIONS AREAS, EMERGENCY DEPARTMENTS AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT A PLAIN LANGUAGE SUMMARY DOCUMENT EXPLAINING THE AVAILABILITY, CRITERIA AND PROCESS FOR APPLYING FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN PATIENT REGISTRATION AREAS AND IN THE PATIENT FINANCIAL SERVICES RECEPTION AREA SETON ASSOCIATES INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER POTENTIAL FEDERAL, STATE, AND/OR LOCAL GOVERNMENTAL FUNDING PROGRAMS (I E MEDICAID, CHIP, SSI, CRIME VICTIMS, COBRA, COUNTY INDIGENT, VETERANS' BENEFITS, THIRD PARTY LIABILITY, ETC) AS PART OF THE INTAKE PROCESS PRIOR TO, DURING, AND/OR AFTER SERVICE AS CLINICALLY APPROPRIATE FOR THE CARE SETTING UNINSURED AND UNDERINSURED PATIENTS ARE ASSISTED AND SUPPORTED AS NEEDED THROUGH THE ENTIRE ELIGIBILITY AND APPLICATION PROCESS (COMPLETION OF THE APPLICATION, COLLECTION AND COPYING OF SUPPORTING DOCUMENTATION, ETC) THROUGH THE COLLABORATIVE EFFORTS OF PATIENT ACCESS (ADMITTING/REGISTRATION), SETON'S INSURE-A-KID EMPLOYEES, CASE MANAGEMENT, ON-SITE HHSC CASEWORKERS, AND SETON'S CONTRACTED ELIGIBILITY VENDOR

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility A, 6	Facility A, 6 - FACILITY 9 - SETON MEDICAL CENTER WILLIAMSON A SUMMARY OF THE CHARITY CARE POLICY (IN BOTH ENGLISH AND SPANISH) AND FINANCIAL ASSISTANCE CONTACT INFORMATION ARE POSTED IN ADMISSIONS AREAS, EMERGENCY DEPARTMENTS AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT A PLAIN LANGUAGE SUMMARY DOCUMENT EXPLAINING THE AVAILABILITY, CRITERIA AND PROCESS FOR APPLYING FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN PATIENT REGISTRATION AREAS AND IN THE PATIENT FINANCIAL SERVICES RECEPTION AREA SETON ASSOCIATES INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER POTENTIAL FEDERAL, STATE, AND/OR LOCAL GOVERNMENTAL FUNDING PROGRAMS (I E MEDICAID, CHIP, SSI, CRIME VICTIMS, COBRA, COUNTY INDIGENT, VETERANS' BENEFITS, THIRD PARTY LIABILITY, ETC) AS PART OF THE INTAKE PROCESS PRIOR TO, DURING, AND/OR AFTER SERVICE AS CLINICALLY APPROPRIATE FOR THE CARE SETTING UNINSURED AND UNDERINSURED PATIENTS ARE ASSISTED AND SUPPORTED AS NEEDED THROUGH THE ENTIRE ELIGIBILITY AND APPLICATION PROCESS (COMPLETION OF THE APPLICATION, COLLECTION AND COPYING OF SUPPORTING DOCUMENTATION, ETC) THROUGH THE COLLABORATIVE EFFORTS OF PATIENT ACCESS (ADMITTING/REGISTRATION), SETON'S INSURE-A-KID EMPLOYEES, CASE MANAGEMENT, ON-SITE HHSC CASEWORKERS, AND SETON'S CONTRACTED ELIGIBILITY VENDOR

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility A, 7	Facility A, 7 - FACILITY 10 - SETON MEDICAL CENTER HAYS A SUMMARY OF THE CHARITY CARE POLICY (IN BOTH ENGLISH AND SPANISH) AND FINANCIAL ASSISTANCE CONTACT INFORMATION ARE POSTED IN ADMISSIONS AREAS, EMERGENCY DEPARTMENTS AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT A PLAIN LANGUAGE SUMMARY DOCUMENT EXPLAINING THE AVAILABILITY, CRITERIA AND PROCESS FOR APPLYING FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN PATIENT REGISTRATION AREAS AND IN THE PATIENT FINANCIAL SERVICES RECEPTION AREA SETON ASSOCIATES INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER POTENTIAL FEDERAL, STATE, AND/OR LOCAL GOVERNMENTAL FUNDING PROGRAMS (I E MEDICAID, CHIP, SSI, CRIME VICTIMS, COBRA, COUNTY INDIGENT, VETERANS' BENEFITS, THIRD PARTY LIABILITY, ETC) AS PART OF THE INTAKE PROCESS PRIOR TO, DURING, AND/OR AFTER SERVICE AS CLINICALLY APPROPRIATE FOR THE CARE SETTING UNINSURED AND UNDERINSURED PATIENTS ARE ASSISTED AND SUPPORTED AS NEEDED THROUGH THE ENTIRE ELIGIBILITY AND APPLICATION PROCESS (COMPLETION OF THE APPLICATION, COLLECTION AND COPYING OF SUPPORTING DOCUMENTATION, ETC) THROUGH THE COLLABORATIVE EFFORTS OF PATIENT ACCESS (ADMITTING/REGISTRATION), SETON'S INSURE-A-KID EMPLOYEES, CASE MANAGEMENT, ON-SITE HHSC CASEWORKERS, AND SETON'S CONTRACTED ELIGIBILITY VENDOR

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility A, 8	Facility A, 8 - FACILITY 11 - CEDAR PARK REGIONAL MEDICAL CENTER A SUMMARY OF THE CHARITY CARE POLICY (IN BOTH ENGLISH AND SPANISH) AND FINANCIAL ASSISTANCE CONTACT INFORMATION ARE POSTED IN ADMISSIONS AREAS, EMERGENCY DEPARTMENTS AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT A PLAIN LANGUAGE SUMMARY DOCUMENT EXPLAINING THE AVAILABILITY, CRITERIA AND PROCESS FOR APPLYING FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN PATIENT REGISTRATION AREAS AND IN THE PATIENT FINANCIAL SERVICES RECEPTION AREA SETON ASSOCIATES INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER POTENTIAL FEDERAL, STATE, AND/OR LOCAL GOVERNMENTAL FUNDING PROGRAMS (I E MEDICAID, CHIP, SSI, CRIME VICTIMS, COBRA, COUNTY INDIGENT, VETERANS' BENEFITS, THIRD PARTY LIABILITY, ETC) AS PART OF THE INTAKE PROCESS PRIOR TO, DURING, AND/OR AFTER SERVICE AS CLINICALLY APPROPRIATE FOR THE CARE SETTING UNINSURED AND UNDERINSURED PATIENTS ARE ASSISTED AND SUPPORTED AS NEEDED THROUGH THE ENTIRE ELIGIBILITY AND APPLICATION PROCESS (COMPLETION OF THE APPLICATION, COLLECTION AND COPYING OF SUPPORTING DOCUMENTATION, ETC) THROUGH THE COLLABORATIVE EFFORTS OF PATIENT ACCESS (ADMITTING/REGISTRATION), SETON'S INSURE-A-KID EMPLOYEES, CASE MANAGEMENT, ON-SITE HHSC CASEWORKERS, AND SETON'S CONTRACTED ELIGIBILITY VENDOR

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility A, 9	Facility A, 9 - FACILITY 12 - CENTRAL TEXAS REHABILITATION HOSPITAL A SUMMARY OF THE CHARITY CARE POLICY (IN BOTH ENGLISH AND SPANISH) AND FINANCIAL ASSISTANCE CONTACT INFORMATION ARE POSTED IN ADMISSIONS AREAS, EMERGENCY DEPARTMENTS AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT A PLAIN LANGUAGE SUMMARY DOCUMENT EXPLAINING THE AVAILABILITY, CRITERIA AND PROCESS FOR APPLYING FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN PATIENT REGISTRATION AREAS AND IN THE PATIENT FINANCIAL SERVICES RECEPTION AREA SETON ASSOCIATES INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER POTENTIAL FEDERAL, STATE, AND/OR LOCAL GOVERNMENTAL FUNDING PROGRAMS (I E MEDICAID, CHIP, SSI, CRIME VICTIMS, COBRA, COUNTY INDIGENT, VETERANS' BENEFITS, THIRD PARTY LIABILITY, ETC) AS PART OF THE INTAKE PROCESS PRIOR TO, DURING, AND/OR AFTER SERVICE AS CLINICALLY APPROPRIATE FOR THE CARE SETTING UNINSURED AND UNDERINSURED PATIENTS ARE ASSISTED AND SUPPORTED AS NEEDED THROUGH THE ENTIRE ELIGIBILITY AND APPLICATION PROCESS (COMPLETION OF THE APPLICATION, COLLECTION AND COPYING OF SUPPORTING DOCUMENTATION, ETC) THROUGH THE COLLABORATIVE EFFORTS OF PATIENT ACCESS (ADMITTING/REGISTRATION), SETON'S INSURE-A-KID EMPLOYEES, CASE MANAGEMENT, ON-SITE HHSC CASEWORKERS, AND SETON'S CONTRACTED ELIGIBILITY VENDOR

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility A, 10	Facility A, 10 - FACILITY 15 - WARM SPRINGS REHABILITATION HOSPITAL OF KYLE A SUMMARY OF THE CHARITY CARE POLICY (IN BOTH ENGLISH AND SPANISH) AND FINANCIAL ASSISTANCE CONTACT INFORMATION ARE POSTED IN ADMISSIONS AREAS, EMERGENCY DEPARTMENTS AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT A PLAIN LANGUAGE SUMMARY DOCUMENT EXPLAINING THE AVAILABILITY, CRITERIA AND PROCESS FOR APPLYING FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN PATIENT REGISTRATION AREAS AND IN THE PATIENT FINANCIAL SERVICES RECEPTION AREA SETON ASSOCIATES INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER POTENTIAL FEDERAL, STATE, AND/OR LOCAL GOVERNMENTAL FUNDING PROGRAMS (I E MEDICAID, CHIP, SSI, CRIME VICTIMS, COBRA, COUNTY INDIGENT, VETERANS' BENEFITS, THIRD PARTY LIABILITY, ETC) AS PART OF THE INTAKE PROCESS PRIOR TO, DURING, AND/OR AFTER SERVICE AS CLINICALLY APPROPRIATE FOR THE CARE SETTING UNINSURED AND UNDERINSURED PATIENTS ARE ASSISTED AND SUPPORTED AS NEEDED THROUGH THE ENTIRE ELIGIBILITY AND APPLICATION PROCESS (COMPLETION OF THE APPLICATION, COLLECTION AND COPYING OF SUPPORTING DOCUMENTATION, ETC) THROUGH THE COLLABORATIVE EFFORTS OF PATIENT ACCESS (ADMITTING/REGISTRATION), SETON'S INSURE-A-KID EMPLOYEES, CASE MANAGEMENT, ON-SITE HHSC CASEWORKERS, AND SETON'S CONTRACTED ELIGIBILITY VENDOR

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility A, 1	Facility A, 1 - FACILITY 1 - SETON MEDICAL CENTER AUSTIN This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility by the sum of the associated gross charges for those claims The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12 month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility A, 2	Facility A, 2 - FACILITY 2 - UNIVERSITY MEDICAL CENTER BRACKENRIDGE This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility by the sum of the associated gross charges for those claims The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12 month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months)

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility A, 3	Facility A, 3 - FACILITY 3 - DELL CHILDREN'S MEDICAL CENTER OF CENTRAL TEXAS This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility by the sum of the associated gross charges for those claims The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12 month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months)

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility A, 4	Facility A, 4 - FACILITY 6 - SETON NORTHWEST HOSPITAL This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility by the sum of the associated gross charges for those claims The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12 month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility A, 5	Facility A, 5 - FACILITY 7 - SETON SOUTHWEST HOSPITAL This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility by the sum of the associated gross charges for those claims The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12 month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months)

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility A, 6	Facility A, 6 - FACILITY 9 - SETON MEDICAL CENTER WILLIAMSON This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility by the sum of the associated gross charges for those claims The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12 month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months)

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility A, 7	Facility A, 7 - FACILITY 10 - SETON MEDICAL CENTER HAYS This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility by the sum of the associated gross charges for those claims The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12 month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months)

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Form and Line Reference	Explanation
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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility A, 9	Facility A, 9 - FACILITY 12 - CENTRAL TEXAS REHABILITATION HOSPITAL This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility by the sum of the associated gross charges for those claims The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12 month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months)

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility B, 1	Facility B, 1 - FACILITY 4 - SETON EDGAR B DAVIS HOSPITAL The Internal Revenue Service (IRS) encourages local health care organizations to collaborate on CHNAs to avoid duplication of effort In this spirit of collaboration, Seton, St David's Foundation (SDF) and Central Texas Medical Center (CTMC) worked together to gather data and community input to inform the CHNA process for Caldwell County Seton took lead on the collection and analysis of county-level demographic and health data, while SDF facilitated gathering community feedback Feedback was gathered from the broader community using three main methods 1 One-on-one stakeholder interviews using a standardized interview guide 2 Focus groups 3 An online survey to rank needs in priority order Input was solicited from individuals with a broad understanding of the community and its health needs Key stakeholders included local public health officials, individuals representing the interests of medically underserved, low-income and minority populations, health care providers, educators, public officials and many others To gather input from Caldwell County, nine stakeholder interviews, one focus group and an online survey were conducted The following entities were represented during the stakeholder interviews -Bluebonnet Trails Community Services-safety net clinic, mental health -CAPCOG-community-based organization -City of Lockhart- city or county government -Hays-Caldwell Women's Center-community-based organization -Methodist Healthcare Ministries-community-based organization -Seton Internal Medicine Practice-healthcare, nonprofit The following entities participated in focus groups -Caldwell County Commission-city or county government -City of Lockhart-city or county government -Communities in Schools- community-based organization -Community Health Centers of South Central Texas-safety net clinic -DSHS-Caldwell County Health Department-state, county, city health department -Lockhart Housing Authority-city or county government -School Health Advisory Council-Lockhart ISD-public education, health in school -Seton Family Health Center-Lockhart and Luling-safety net clinics

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility B, 2	Facility B, 2 - FACILITY 5 - SETON HIGHLAND LAKES HOSPITAL Seton gathered community input for the West Region CHNA using an online survey and focus groups conducted by Baylor Scott & White The survey developed by Seton was distributed to a broad sector of the West Region, including local public health officials, individuals representing the interests of medically underserved, low-income and minority populations, health care providers, educators and others The lists below detail the organizations that formally participated in the interviews and/or focus groups The partners also launched an online survey to further refine the qualitative research findings and help rank the community health priorities The online survey was distributed to the following entities -Bluebonnet Trails (includes Early Childhood Intervention) - Marble Falls ISD - Girling Health Care - Methodist Healthcare Ministries - Texas Department of State Health Services - Texas Health and Human Services Commission - Medicaid Division - Outreach Health Services - Baylor Scott & White - Capital Area Rural Transportation System (CARTS) - Seton Healthcare Family - Highland Lakes Hospital - Hill Country Children's Advocacy Center - Capital Area Council of Governments (CAPCOG) - Texas Housing Foundation - Carl Farley's - Llano, Burnet, and Blanco County Indigent Care (County Health Departments) The following entities participated in stakeholder interviews -Area Agency on Aging - Central Counties Services -Temple Community Clinic -Greater Killeen Free Clinic -Texas Department of State Health Services -Central Texas 4C Headstart -Body of Christ Community Clinic -Temple City Council District 2 -Temple ISD -Central County Services MHMR -Central Texas United Way -Helping Hands Ministry -Bell County Indigent Health Services

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility B, 3	Facility B, 3 - FACILITY 13 - SETON MEDICAL CENTER HARKER HEIGHTS Seton collaboratively gathered community input using an online survey and focus groups conducted by Baylor Scott & White The survey developed by Seton was distributed to a broad sector of the Bell County community, including local public health officials, individuals representing the interests of medically underserved, low-income and minority populations, health care providers, educators and others The following organizations were contacted for the online survey -Lone Star Circle of Care - Bell County Indigent Care - Seton Healthcare Family - Harker Heights Hospital - Temple Community Clinic - Baylor Scott & White Healthcare - Greater Killeen Free Clinic - Central Counties Services (Early Childhood Intervention) The following organizations participated in the focus groups conducted by Baylor, Scott & White -Area Agency on Aging -Central Counties Services -Temple Community Clinic -Greater Killeen Free Clinic -Texas Department of State Health Services -Central Texas 4C Headstart -Body of Christ Community Clinic -Temple City Council District 2 -Temple ISD -Central County Services MHMR - Central Texas United Way -Helping Hands Ministry -Bell County Indigent Health Services

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility B, 4	<p>Facility B, 4 - FACILITY 14 - SETON SMITHVILLE REGIONAL HOSPITAL The Internal Revenue Service (IRS) encourages local health care organizations to collaborate to avoid duplication of effort In this spirit of collaboration, Seton, St David's Foundation (SDF) and Central Texas Medical Center (CTMC) worked together to gather data and community input to inform the CHNA process for the East Region Seton took the lead on the collection and analysis of county-level demographic and health data, while SDF gathered community feedback Feedback was gathered from the broader community using three main methods 1 One-on-one stakeholder interviews using a standardized interview guide 2 A focus group 3 An online survey to rank needs in priority order Input was solicited from individuals with a broad understanding of the community and its health needs Key stakeholders included local public health officials, individuals representing the interests of medically underserved, low-income and minority populations, health care providers, educators, public officials and many others During the interviews and focus group, participants were asked to identify the most significant community health needs facing the East Region, barriers to meeting those needs and potential solutions The community identified ten priorities for the East Region In the East region, community and provider input was gathered to help identify community health needs during nine stakeholder interviews, one focus group and an online survey The lists below detail the organizations that formally participated in the interviews and/or focus groups The partners also launched an online survey to further refine the qualitative research findings and help rank the community health priorities The following organizations were represented in interviews -Bastrop County Indigent Health Care- city or county government - Bastrop Housing Authority- city or county government -Bluebonnet Trails Community Services- MHMR Community-based organization -CAPCOG- community-based organization -City of Bastrop- city or county government -County of Bastrop-city or county government -Elgin ISD- public education, health in schools -Family Crisis Center-community-based organization -Wesley Nurses, Methodist Healthcare Ministries-community-based organization The following organizations were represented by focus group participants -A Plus Lifestyle Medical Group-primary care provider, for-profit -Bastrop Chamber of Commerce- city or county government -Bastrop ISD Public education, health in schools -Centene, Managed Care and Bastrop County Interagency Group-healthcare, for-profit and community-based organization -DSHS-Bastrop County Health Department-state, county, city health department -Smithville ISD-public education, health in schools</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility B, 1	Facility B, 1 - FACILITY 4 - SETON EDGAR B DAVIS HOSPITAL THE OTHER HOSPITAL FACILITY WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED ITS CHNA INCLUDED - CENTRAL TEXAS MEDICAL CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility B, 2	Facility B, 2 - FACILITY 14 - SETON SMITHVILLE REGIONAL HOSPITAL THE OTHER HOSPITAL FACILITY WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED ITS CHNA INCLUDED - CENTRAL TEXAS MEDICAL CENTER

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility B, 1	Facility B, 1 - FACILITY 4 - SETON EDGAR B DAVIS HOSPITAL THE OTHER ORGANIZATION WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED ITS CHNA INCLUDED - ST DAVID'S FOUNDATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility B, 2	Facility B, 2 - FACILITY 13 - SETON MEDICAL CENTER HARKER HEIGHTS THE OTHER ORGANIZATION WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED ITS CHNA INCLUDED - BAYLOR SCOTT & WHITE

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility B, 3	Facility B, 3 - FACILITY 14 - SETON SMITHVILLE REGIONAL HOSPITAL THE OTHER ORGANIZATION WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED ITS CHNA INCLUDED - ST DAVID'S FOUNDATION

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility B, 1	Facility B, 1 - FACILITY 4 - SETON EDGAR B DAVIS HOSPITAL THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") OF THE HOSPITAL FACILITY CAN BE LOCATED AT THE FOLLOWING WEB ADDRESS https //www seton net/wp-content/uploads/2016/06/Caldwell-CHNA-2016 pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility B, 2	Facility B, 2 - FACILITY 5 - SETON HIGHLAND LAKES HOSPITAL THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") OF THE HOSPITAL FACILITY CAN BE LOCATED AT THE FOLLOWING WEB ADDRESS https //www seton net/wp-content/uploads/2016/06/West-Region-2016 pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility B, 3	Facility B, 3 - FACILITY 13 - SETON MEDICAL CENTER HARKER HEIGHTS THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") OF THE HOSPITAL FACILITY CAN BE LOCATED AT THE FOLLOWING WEB ADDRESS http //setonharkerheights net/wp-content/uploads/2016/08/Harker-Heights-Bell-CHNA-2016-updated-8-24-2016 pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 7 Facility B, 4	Facility B, 4 - FACILITY 14 - SETON SMITHVILLE REGIONAL HOSPITAL THE COMMUNITY HEALTH NEEDS ASSESSMENT ("CHNA") OF THE HOSPITAL FACILITY CAN BE LOCATED AT THE FOLLOWING WEB ADDRESS https //www seton net/wp-content/uploads/2016/06/East-Region-2016 pdf

Form 990 Part V Section C Supplemental Information for Part V, Section B.**Section C. Supplemental Information for Part V, Section B.**

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility B, 1	Facility B, 1 - FACILITY 4 - SETON EDGAR B DAVIS HOSPITAL The 2013 Prioritized Needs for Caldwell County were (1) behavioral health, (2) access to care, (3) obesity, (4) chronic diseases and disease management and (5) community collaborations During the 2016 Community Health Needs Assessment (CHNA) Process, which included both quantitative and qualitative analysis, Seton identified and prioritized five main health needs for Caldwell County (1) Chronic diseases, (2) mental and behavioral health care, (3) primary and specialty care, (4) system of care and (5) social determinants of health To address these five key needs, Seton has produced a Community Health Improvement Plan (CHIP) for Seton Edgar B Davis, its hospital in Caldwell County The plan identifies the actions the hospital, with the support of Seton, plans to take to address the prioritized needs identified in the CHNA of its service area Since Seton has multiple sites, both inpatient and outpatient, throughout Central Texas, the actions described in the Implementation Strategy is not strictly operated by any one facility The majority of these Seton-led actions are designed to serve Caldwell County residents regardless of where they live or seek health care The Community Health Improvement Plan for Caldwell County addresses all of the needs identified in the Caldwell County CHNA As required by IRS Guidelines, for each need, Seton has identified key actions to address the need -The anticipated impact of these actions -Available resource to address the need -Potential collaborations The most significant overarching strategies Seton is pursuing to transform the delivery of health care in Central Texas and better fit our role of delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable, include the following -Dell Medical School/ Dell Seton Medical Center at the University of Texas -Seton's Telehealth Initiative (including telemedicine, digital clinics and remote patient monitoring) -Seton's Population Health Command Center These overarching strategies address all of the prioritized health needs identified in the Hays County Community Health Needs Assessment Other specific strategies include the Seton Edgar B Davis Care-a-Van for children, a Patient Prescription Assistance Program for uninsured residents, a Diabetes Education Program, the Heritage Program which provides intensive outpatient mental health care for seniors in Hays and surrounding communities and Lockhart & Luling Rural Health Centers and the Caldwell County Indigent Health Care program Social Determinant of Health As part of Ascension, the largest non-profit health system in the U S and the world's largest Catholic health system, Seton is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable Seton acknowledges the impact environmental and life factors have on a person's health outside health care settings Seton executives, physicians and associates are both leaders and active participants in strategic discussions about many of the most pressing social and economic issues impacting communities we serve This includes many of the social determinants of health raised by the community during the 2016 CHNA process, such as transportation and housing Seton is directly addressing social determinants of health in several ways -Seton is evaluating the effectiveness of its procedures for social service referrals to better support underserved populations -Seton's Telehealth and Command Center strategies described above address transportation issues by allowing patients to receive care in their community or even in their own homes -Seton has established collaborations and has provided monetary donations and funding to agencies that align with our mission and address social determinants of health Further details on the strategies employed by Seton is included in the actual Community Health Improvement Plan

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility B, 2	Facility B, 2 - FACILITY 5 - SETON HIGHLAND LAKES HOSPITAL The 2013 Prioritized Needs for Burnet County were (1) behavioral health, (2) access to care, (3)obesity, (4) chronic diseases, (5) obesity and (6) accidents During the 2016 Community Health Needs Assessment (CHNA) Process, which included both quantitative and qualitative analysis, Seton identified and prioritized five main health needs for its West Region (1) Chronic diseases, (2) mental and behavioral health care, (3) primary and specialty care, (4) system of care and (5) social determinants of health To address these five key needs, Seton has produced a Community Health Improvement Plan (CHIP) for Seton Highland Lakes, its hospital in Burnet County (part of the West Region) The plan identifies the actions the hospital, with the support of Seton, plans to take to address the prioritized needs identified in the CHNA of its service area Since Seton has multiple sites, both inpatient and outpatient, throughout Central Texas, the actions described in the Implementation Strategy are not strictly operated by any one facility The majority of these Seton-led actions are designed to serve Central Texas residents regardless of where they live or seek health care The Community Health Improvement Plan for Seton's West Region addresses all of the needs identified in the CHNA for the region As required by IRS Guidelines, for each need, Seton has identified -Key actions to address the need -The anticipated impact of these actions -Available resource to address the need -Potential collaborations The most significant overarching strategies Seton is pursuing to transform the delivery of health care in Central Texas and better fit our role of delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable, include the following -Dell Medical School/ Dell Seton Medical Center at the University of Texas -Seton's Telehealth Initiative (including telemedicine, digital clinics and remote patient monitoring) -Seton's Population Health Command Center These overarching strategies address all of the prioritized health needs identified in the Hays County Community Health Needs Assessment Other specific strategies include the Seton Highland Lakes Care-a-Van for children, the Highland Lakes Rural Health Center and the Bluebonnet Trails Partnership, which provides assessments, referrals and short-term stabilization for individuals experiencing a mental health crisis in a dedicated space at the Seton Highland Lakes emergency room Seton Highland Lakes and specifically Burnet County is also the site of a DSRIP project to implement a patient navigation system to connect indigent and uninsured patients with primary care or medical homes Social Determinant of Health As part of Ascension, the largest non-profit health system in the U S and the world's largest Catholic health system, Seton is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable Seton acknowledges the impact environmental and life factors have on a person's health outside health care settings Seton executives, physicians and associates are both leaders and active participants in strategic discussions about many of the most pressing social and economic issues impacting communities we serve This includes many of the social determinants of health raised by the community during the 2016 CHNA process, such as transportation and housing Seton is directly addressing social determinants of health in several ways -Seton is evaluating the effectiveness of its procedures for social service referrals to better support underserved populations -Seton's Telehealth and Command Center strategies described above address transportation issues by allowing patients to receive care in their community or even in their own homes -Seton has established collaborations and has provided monetary donations and funding to agencies that align with our mission and address social determinants of health Further details on the strategies employed by Seton is included in the actual Community Health Improvement Plan

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility B, 3	Facility B, 3 - FACILITY 13 - SETON MEDICAL CENTER HARKER HEIGHTS The 2013 CHNA for Bell County identified the following prioritized health needs (1) access to care, (2) behavioral health, (3) health outcomes/diseases (4) accidents and (5) obesity After reviewing the data and community input, Seton identified five main health needs for Bell County, which includes Seton Harker Heights Hospital (1) Mental and behavioral health, (2) primary and specialty care, (3) chronic diseases, (4) social determinants of health and (5) system of care To address these five key needs, Seton has produced a Community Health Improvement Plan (CHIP) for Seton Harker Heights Hospital, its Joint Venture facility in Bell County The plan identifies the actions the hospital, with the support of Seton, plans to take to address the prioritized needs identified in the CHNA of its service area Since Seton has multiple sites, both inpatient and outpatient, throughout Central Texas, the actions described in the Implementation Strategy are not strictly operated by any one facility The majority of these Seton-led actions are designed to serve Central Texas residents regardless of where they live or seek health care The Community Health Improvement Plan for Seton's East Region addresses all of the needs identified in the CHNA for the region As required by IRS Guidelines, for each need, Seton has identified -Key actions to address the need -The anticipated impact of these actions -Available resource to address the need -Potential collaborations The main strategies that will be used to address the prioritized health needs in Bell County are briefly summarized below -Mental Health Collaboration with Central Counties Mental Health Mental Retardation (MHMR) agency Primary and Specialty Care Collaboration with Greater Killeen Free Clinic -Chronic Diseases Seton Food and Fitness Forum (formerly Diabetes Lunch Bunch Academy), Stroke & Hypertension Prevention and Recognition Education and education for patients with chronic diseases including heart disease, congestive heart failure, chronic obstructive pulmonary disease, renal disease and prevention of accidents -System of Care Not addressed Resource constraints and limited expertise in this area restrict SMCHH's ability to adequately address this community health need -Social Determinants of Health Through collaboration with different local agencies such as EMS, Armed Services, YMCA and involving community groups such as churches, and schools, the identified health needs of the community can be met in many different settings SMCHH's community partnerships and financial investments will maximize community impact in addressing social determinants of health

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility B, 4	<p>Facility B, 4 - FACILITY 14 - SETON SMITHVILLE REGIONAL HOSPITAL The 2013 Prioritized Needs for Bastrop County were (1) access to care, (2) obesity, (3) community collaboration, (4) behavioral health, (5) chronic diseases and disease management and (6) accidents (not addressed by Seton) During the 2016 Community Health Needs Assessment Process (CHNA), which included both quantitative and qualitative analysis, Seton identified and prioritized five main health needs for Travis County (1) Mental and behavioral health, (2) chronic diseases (3) primary and specialty care, (4) system of care and (5) social determinants of health To address these five key needs, Seton has produced a Community Health Improvement Plan (CHIP) for each of its hospital and joint ventures in Travis County To view the full CHIP, see the hyperlink in Part V, Section B, Line 10a Each plan identifies the actions the hospital, with the support of Seton, plans to take to address the prioritized needs identified in the CHNA of its service area Since Seton has multiple sites, both inpatient and outpatient, throughout Travis County, the actions described in the Implementation Strategies are not strictly operated by any one facility The majority of these Seton-led actions are designed to serve Travis County residents regardless of where they live or seek health care The Community Health Improvement Plan for Seton's East Region addresses all of the needs identified in the CHNA for the region As required by IRS Guidelines, for each need, Seton has identified -Key actions to address the need -The anticipated impact of these actions -Available resource to address the need -Potential collaborations The most significant overarching strategies Seton is pursuing to transform the delivery of health care in Central Texas and better fit our role of delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable, include the following -Community Care Collaborative/Central Health -Dell Medical School/ Dell Seton Medical Center at the University of Texas -1115 Medicaid Waiver Delivery System Reform Incentive Program (DSRIP) projects -Seton's Telehealth Initiative (including telemedicine, digital clinics and remote patient monitoring) -Seton's Population Health Command Center These overarching strategies address all of the prioritized health needs identified in the East Region Community Health Needs Assessment Other specific strategies include the Seton Edgar B Davis Care-a-Van for children, a Patient Prescription Assistance Program for uninsured residents and the Heritage Program which provides intensive outpatient mental health care for seniors in Bastrop and surrounding communities Social Determinant of Health As part of Ascension, the largest non-profit health system in the U S and the world's largest Catholic health system, Seton is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable Seton acknowledges the impact environmental and life factors have on a person's health outside health care settings Seton executives, physicians and associates are both leaders and active participants in strategic discussions about many of the most pressing social and economic issues impacting communities we serve This includes many of the social determinants of health raised by the community during the 2016 CHNA process, such as transportation and housing Seton is directly addressing social determinants of health in several ways -Seton is evaluating the effectiveness of its procedures for social service referrals to better support underserved populations -Several of the Seton 1115 Medicaid Waiver DSRIP Project address social determinants of health, such as the cultural competency project that is later detailed in a logic model -Seton's Telehealth and Command Center strategies described above address transportation issues by allowing patients to receive care in their community or even in their own homes -Seton has established collaborations, including the Community Care Collaborative and has provided monetary donations and funding to agencies that align with our mission and address social determinants of health Further details on the strategies employed by Seton, including extensive information on Seton's DSRIP projects is included in the actual Community Health Improvement Plan</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility B, 1	Facility B, 1 - FACILITY 4 - SETON EDGAR B DAVIS HOSPITAL A SUMMARY OF THE CHARITY CARE POLICY (IN BOTH ENGLISH AND SPANISH) AND FINANCIAL ASSISTANCE CONTACT INFORMATION ARE POSTED IN ADMISSIONS AREAS, EMERGENCY DEPARTMENTS AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT A PLAIN LANGUAGE SUMMARY DOCUMENT EXPLAINING THE AVAILABILITY, CRITERIA AND PROCESS FOR APPLYING FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN PATIENT REGISTRATION AREAS AND IN THE PATIENT FINANCIAL SERVICES RECEPTION AREA SETON ASSOCIATES INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER POTENTIAL FEDERAL, STATE, AND/OR LOCAL GOVERNMENTAL FUNDING PROGRAMS (I E MEDICAID, CHIP, SSI, CRIME VICTIMS, COBRA, COUNTY INDIGENT, VETERANS' BENEFITS, THIRD PARTY LIABILITY, ETC) AS PART OF THE INTAKE PROCESS PRIOR TO, DURING, AND/OR AFTER SERVICE AS CLINICALLY APPROPRIATE FOR THE CARE SETTING UNINSURED AND UNDERINSURED PATIENTS ARE ASSISTED AND SUPPORTED AS NEEDED THROUGH THE ENTIRE ELIGIBILITY AND APPLICATION PROCESS (COMPLETION OF THE APPLICATION, COLLECTION AND COPYING OF SUPPORTING DOCUMENTATION, ETC) THROUGH THE COLLABORATIVE EFFORTS OF PATIENT ACCESS (ADMITTING/REGISTRATION), SETON'S INSURE-A-KID EMPLOYEES, CASE MANAGEMENT, ON-SITE HHSC CASEWORKERS, AND SETON'S CONTRACTED ELIGIBILITY VENDOR

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility B, 2	Facility B, 2 - FACILITY 5 - SETON HIGHLAND LAKES HOSPITAL A SUMMARY OF THE CHARITY CARE POLICY (IN BOTH ENGLISH AND SPANISH) AND FINANCIAL ASSISTANCE CONTACT INFORMATION ARE POSTED IN ADMISSIONS AREAS, EMERGENCY DEPARTMENTS AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT A PLAIN LANGUAGE SUMMARY DOCUMENT EXPLAINING THE AVAILABILITY, CRITERIA AND PROCESS FOR APPLYING FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN PATIENT REGISTRATION AREAS AND IN THE PATIENT FINANCIAL SERVICES RECEPTION AREA SETON ASSOCIATES INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER POTENTIAL FEDERAL, STATE, AND/OR LOCAL GOVERNMENTAL FUNDING PROGRAMS (I E MEDICAID, CHIP, SSI, CRIME VICTIMS, COBRA, COUNTY INDIGENT, VETERANS' BENEFITS, THIRD PARTY LIABILITY, ETC) AS PART OF THE INTAKE PROCESS PRIOR TO, DURING, AND/OR AFTER SERVICE AS CLINICALLY APPROPRIATE FOR THE CARE SETTING UNINSURED AND UNDERINSURED PATIENTS ARE ASSISTED AND SUPPORTED AS NEEDED THROUGH THE ENTIRE ELIGIBILITY AND APPLICATION PROCESS (COMPLETION OF THE APPLICATION, COLLECTION AND COPYING OF SUPPORTING DOCUMENTATION, ETC) THROUGH THE COLLABORATIVE EFFORTS OF PATIENT ACCESS (ADMITTING/REGISTRATION), SETON'S INSURE-A-KID EMPLOYEES, CASE MANAGEMENT, ON-SITE HHSC CASEWORKERS, AND SETON'S CONTRACTED ELIGIBILITY VENDOR

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility B, 3	Facility B, 3 - FACILITY 13 - SETON MEDICAL CENTER HARKER HEIGHTS A SUMMARY OF THE CHARITY CARE POLICY (IN BOTH ENGLISH AND SPANISH) AND FINANCIAL ASSISTANCE CONTACT INFORMATION ARE POSTED IN ADMISSIONS AREAS, EMERGENCY DEPARTMENTS AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT A PLAIN LANGUAGE SUMMARY DOCUMENT EXPLAINING THE AVAILABILITY, CRITERIA AND PROCESS FOR APPLYING FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN PATIENT REGISTRATION AREAS AND IN THE PATIENT FINANCIAL SERVICES RECEPTION AREA SETON ASSOCIATES INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER POTENTIAL FEDERAL, STATE, AND/OR LOCAL GOVERNMENTAL FUNDING PROGRAMS (I E MEDICAID, CHIP, SSI, CRIME VICTIMS, COBRA, COUNTY INDIGENT, VETERANS' BENEFITS, THIRD PARTY LIABILITY, ETC) AS PART OF THE INTAKE PROCESS PRIOR TO, DURING, AND/OR AFTER SERVICE AS CLINICALLY APPROPRIATE FOR THE CARE SETTING UNINSURED AND UNDERINSURED PATIENTS ARE ASSISTED AND SUPPORTED AS NEEDED THROUGH THE ENTIRE ELIGIBILITY AND APPLICATION PROCESS (COMPLETION OF THE APPLICATION, COLLECTION AND COPYING OF SUPPORTING DOCUMENTATION, ETC) THROUGH THE COLLABORATIVE EFFORTS OF PATIENT ACCESS (ADMITTING/REGISTRATION), SETON'S INSURE-A-KID EMPLOYEES, CASE MANAGEMENT, ON-SITE HHSC CASEWORKERS, AND SETON'S CONTRACTED ELIGIBILITY VENDOR

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility B, 4	Facility B, 4 - FACILITY 14 - SETON SMITHVILLE REGIONAL HOSPITAL A SUMMARY OF THE CHARITY CARE POLICY (IN BOTH ENGLISH AND SPANISH) AND FINANCIAL ASSISTANCE CONTACT INFORMATION ARE POSTED IN ADMISSIONS AREAS, EMERGENCY DEPARTMENTS AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT A PLAIN LANGUAGE SUMMARY DOCUMENT EXPLAINING THE AVAILABILITY, CRITERIA AND PROCESS FOR APPLYING FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN PATIENT REGISTRATION AREAS AND IN THE PATIENT FINANCIAL SERVICES RECEPTION AREA SETON ASSOCIATES INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER POTENTIAL FEDERAL, STATE, AND/OR LOCAL GOVERNMENTAL FUNDING PROGRAMS (I E MEDICAID, CHIP, SSI, CRIME VICTIMS, COBRA, COUNTY INDIGENT, VETERANS' BENEFITS, THIRD PARTY LIABILITY, ETC) AS PART OF THE INTAKE PROCESS PRIOR TO, DURING, AND/OR AFTER SERVICE AS CLINICALLY APPROPRIATE FOR THE CARE SETTING UNINSURED AND UNDERINSURED PATIENTS ARE ASSISTED AND SUPPORTED AS NEEDED THROUGH THE ENTIRE ELIGIBILITY AND APPLICATION PROCESS (COMPLETION OF THE APPLICATION, COLLECTION AND COPYING OF SUPPORTING DOCUMENTATION, ETC) THROUGH THE COLLABORATIVE EFFORTS OF PATIENT ACCESS (ADMITTING/REGISTRATION), SETON'S INSURE-A-KID EMPLOYEES, CASE MANAGEMENT, ON-SITE HHSC CASEWORKERS, AND SETON'S CONTRACTED ELIGIBILITY VENDOR

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility B, 1	Facility B, 1 - FACILITY 4 - SETON EDGAR B DAVIS HOSPITAL This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility by the sum of the associated gross charges for those claims The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12 month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility B, 2	Facility B, 2 - FACILITY 5 - SETON HIGHLAND LAKES HOSPITAL This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility by the sum of the associated gross charges for those claims The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12 month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility B, 3	Facility B, 3 - FACILITY 13 - SETON MEDICAL CENTER HARKER HEIGHTS This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility by the sum of the associated gross charges for those claims The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12 month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months)

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility B, 4	Facility B, 4 - FACILITY 14 - SETON SMITHVILLE REGIONAL HOSPITAL This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility by the sum of the associated gross charges for those claims The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12 month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months)

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 5 Facility , 1	Facility , 1 - SETON SHOAL CREEK HOSPITAL Seton, St David's Foundation (SDF), the Austin/Travis County Health and Human Services Department (ATCHHSD), Central Health and Baylor Scott & White (henceforth "the CHNA collaborators") share the common goal of building healthier communities To avoid duplication of effort, the CHNA collaborators worked together to gather data and community input to inform the CHNA process for Travis County The Internal Revenue Service (IRS) encourages local health care organizations to work together to avoid duplication of effort The CHNA collaborators gathered feedback from the broader community using several methods 1 One-on-one stakeholder interviews using a standardized interview guide 2 Focus groups 3 A community forum hosted by the ATCHHSD 4 An online survey to rank needs in priority order The CHNA collaborators solicited input from individuals with a broad understanding of the community and its health needs Key stakeholders included public health officials, individuals representing the interests of medically underserved, low-income and minority populations, health care providers, educators, public officials and many others During the interviews and focus groups, participants were asked to identify the most significant community health needs facing Travis County, barriers to meeting those needs and potential solutions For the Travis County CHNA, input was gathered during nine stakeholder interviews, one focus group, a community forum and through online survey The following organizations were represented during stakeholder interviews -Austin/Travis County Health and Human Services-state, city, county health department -CAPCOG-community-based organization -CapMetro-transportation -Del Valle ISD-public education, health in schools -Travis County Integral Care-safety net clinics -Lone Star Circle of Care-safety net clinics -Manor ISD- public education, health in schools -Pflugerville ISD- public education, health in schools The following organizations were represented at the focus groups -Asian American Quality of Life Commission-community-based organization -Austin ISD- public education, health in schools -City of Austin- city government -Community Action Network-community-based organization -CommUnity Care-safety net clinic -El Buen Samaritano- safety net clinic -Foundation Communities-community-based organization -Meals on Wheels and More-community-based organization -One Voice/Easter Seals Central Texas community-based organization -People's Community Clinic-safety net clinic -Travis County State, county, city health department

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6a Facility , 1	Facility , 1 - SETON SHOAL CREEK HOSPITAL THE OTHER HOSPITAL FACILITY WITH WHICH THE REPORTING HOSPITAL FACILITY CONDUCTED ITS CHNA INCLUDE - CENTRAL HEALTH

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 6b Facility , 1	Facility , 1 - SETON SHOAL CREEK HOSPITAL THE OTHER ORGANIZATIONS WITH WHICH THE REPORTING HOSPITAL CONDUCTED ITS CHNA INCLUDE - ST DAVID'S FOUNDATION - AUSTIN/TRAVIS COUNTY HEALTH AND HUMAN SERVICES DEPARTMENT - BAYLOR SCOTT & WHITE

Section C. Supplemental Information for Part V, Section B.
 Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	<p>Facility , 1 - SETON SHOAL CREEK HOSPITAL Seton conducted its first CHNA for Travis County in 2013 in collaboration with Austin/Travis County Health and Human Services. Based on the CHNA findings, Seton prioritized the following needs in FY 2014-2016: (1) access to care, (2) behavioral health, (3) chronic disease and disease management, (4) obesity, and (5) community collaboration. During the 2016 Community Health Needs Assessment Process (CHNA), which included both quantitative and qualitative analysis, Seton identified and prioritized five main health needs for Travis County: (1) Mental and behavioral health, (2) chronic diseases, (3) primary and specialty care, (4) system of care and (5) social determinants of health. To address these five key needs, Seton has produced a Community Health Improvement Plan (CHIP) for each of its hospital and joint ventures in Travis County. Each plan identifies the actions the hospital, with the support of Seton, plans to take to address the prioritized needs identified in the CHNA of its service area. Since Seton has multiple sites, both inpatient and outpatient, throughout Travis County, the actions described in the Implementation Strategies are not strictly operated by any one facility. The majority of these Seton-led actions are designed to serve Travis County residents regardless of where they live or seek health care.</p> <p>NOTE: -Central Texas Rehabilitation Hospital (CTRH) is an inpatient rehabilitation hospital that helps people regain function after serious illnesses and injuries. The five priorities above represent the major community health needs in Travis County. CTRH views these needs primarily through the lens of rehabilitation and recovery and recognizes their connection to overall health. -Seton Shoal Creek (SSC) is a behavioral health hospital that offers mental health and substance abuse services. The five priorities above represent the overall community health needs in Travis County. SSC views these needs primarily through the lens of mental and behavioral health and recognizes the relationship between physical and mental health. -Dell Children's Medical Center (DCMC) is a pediatric hospital and will address the prioritized health needs through a pediatric lens. The Community Health Improvement Plan for Travis County addresses all of the needs identified in the Caldwell County CHNA. As required by IRS Guidelines, for each need, Seton has identified key actions to address the need. -The anticipated impact of these actions. -Available resource to address the need. -Potential collaborations. The most significant overarching strategies Seton is pursuing to transform the delivery of health care in Central Texas and better fit our role of delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable, include the following: -Community Care Collaborative/Central Health -Dell Medical School/ Dell Seton Medical Center at the University of Texas -1115 Medicaid Waiver Delivery System Reform Incentive Program (DSRIP) projects. -Seton's Telehealth Initiative (including telemedicine, digital clinics and remote patient monitoring). -Seton's Population Health Command Center. These overarching strategies address all of the prioritized health needs identified in the Travis County Community Health Needs Assessment: Social Determinant of Health. As part of Ascension, the largest non-profit health system in the U.S. and the world's largest Catholic health system, Seton is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable. Seton acknowledges the impact environmental and life factors have on a person's health outside health care settings. Seton executives, physicians and associates are both leaders and active participants in strategic discussions about many of the most pressing social and economic issues impacting communities we serve. This includes many of the social determinants of health raised by the community during the 2016 CHNA process, such as transportation and housing. Seton is directly addressing social determinants of health in several ways. -Seton is evaluating the effectiveness of its procedures for social service referrals to better support underserved populations. -Several of the Seton 1115 Medicaid Waiver DSRIP Projects address social determinants of health, such as the cultural competency project that is later detailed in a logic model. -Seton's Telehealth and Command Center strategies described above address transportation issues by allowing patients to receive care in their community or even in their own homes. -Seton has established collaborations, including the Community Care Collaborative and has provided monetary donations and funding to agencies that align with our mission and address social determinants of health. Further details on the strategies employed by Seton, including extensive information on Se</p>

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 11 Facility , 1	ton's DSRIP projects is included in the actual Community Health Improvement Plan

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 16 Facility , 1	Facility , 1 - SETON SHOAL CREEK HOSPITAL A SUMMARY OF THE CHARITY CARE POLICY (IN BOTH ENGLISH AND SPANISH) AND FINANCIAL ASSISTANCE CONTACT INFORMATION ARE POSTED IN ADMISSIONS AREAS, EMERGENCY DEPARTMENTS AND OTHER AREAS OF THE ORGANIZATION'S FACILITIES IN WHICH ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT A PLAIN LANGUAGE SUMMARY DOCUMENT EXPLAINING THE AVAILABILITY, CRITERIA AND PROCESS FOR APPLYING FOR FINANCIAL ASSISTANCE ARE AVAILABLE IN PATIENT REGISTRATION AREAS AND IN THE PATIENT FINANCIAL SERVICES RECEPTION AREA SETON ASSOCIATES INFORM PATIENTS OF THE AVAILABILITY OF FINANCIAL ASSISTANCE AND OTHER POTENTIAL FEDERAL, STATE, AND/OR LOCAL GOVERNMENTAL FUNDING PROGRAMS (I E MEDICAID, CHIP, SSI, CRIME VICTIMS, COBRA, COUNTY INDIGENT, VETERANS' BENEFITS, THIRD PARTY LIABILITY, ETC) AS PART OF THE INTAKE PROCESS PRIOR TO, DURING, AND/OR AFTER SERVICE AS CLINICALLY APPROPRIATE FOR THE CARE SETTING UNINSURED AND UNDERINSURED PATIENTS ARE ASSISTED AND SUPPORTED AS NEEDED THROUGH THE ENTIRE ELIGIBILITY AND APPLICATION PROCESS (COMPLETION OF THE APPLICATION, COLLECTION AND COPYING OF SUPPORTING DOCUMENTATION, ETC) THROUGH THE COLLABORATIVE EFFORTS OF PATIENT ACCESS (ADMITTING/REGISTRATION), SETON'S INSURE-A-KID EMPLOYEES, CASE MANAGEMENT, ON-SITE HHSC CASEWORKERS, AND SETON'S CONTRACTED ELIGIBILITY VENDOR

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.

Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Schedule H, Part V, Section B, Line 22 Facility , 1	Facility , 1 - SETON SHOAL CREEK HOSPITAL This AGB percentage is calculated by dividing the sum of the amounts of all of the hospital facility's claims for emergency and other medically necessary care that have been allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility by the sum of the associated gross charges for those claims The only claims that are utilized for purposes of determining the AGB are those that were allowed by a health insurer during the 12 month period prior to the AGB calculation (rather than those claims that relate to care provided during the prior 12 months)

2015

74-1109643

Schedule I (Form 990) 2015

Part IIIGrants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Nurse Scholarship	48	144,000			

Part IVSupplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
Schedule I, Part III, Column (b) Estimated Number Of Recipients	Nurse Scholarship 2015 Nurse Scholarship recipients
Schedule I, Part I, Line 2 Procedures for monitoring use of grant funds	The Seton Healthy Communities Fund Committee is responsible for the administration of grant funds. The Committee includes employees as well as executives and is charged with reviewing requests from other organizations and determining whether they meet the Network's charitable request guidelines. The requesting organizations submit letters specifying the amount of contribution requested and details of its program. Each entity must provide its IRS 501(c)(3) determination letter (as evidence of tax-exempt status), a history of its use of funds, a list of other funding sources and a list of Board of Directors. Requestors also are asked to identify the Organization's purpose, the activities that reflect consistency with its stated purpose and provide a description as to how funds will be used. Generally, a successful requesting organization will spend at least 60 percent of its annual expenses on program activities, ensure that fundraising expenses are reasonable over time and will not have a persistent deficit in net current assets. In awarding funds, the Grants Committee looks for organizations that: - Have a mission aligned with Seton's mission, vision and values (e.g., improving the health of those we serve, particularly the poor and vulnerable); - Can demonstrate that the event or activity will enhance access to health-related services and human service needs, improve health outcomes, provide health-related education, information and support, and/or offer sustainable impact; - Provide outreach in Seton's service area, support a diverse population, support workforce development and/or help sustain a relationship with a potential or existing Seton stakeholder. Generally, the committee, pursuant to its policies and procedures, confirms prior to any award that grantees are organizations whose headquarters and work are based in Central Texas, or the work for which we granted them a sponsorship is in Central Texas, and post-award we generally receive confirmation of how the funds were used.

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 74-1109643
Name: Seton Family of Hospitals

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN DIABETES ASSOCIATION 1701 N BEAUREGARD ST ALEXANDRIA,VA 22311	13-1623888	501(c)(3)	10,000				GENERAL MEDICAL SUPPORT
AMERICAN HEART ASSOCIATION INC 2029 B AIRPORT BLVD STE 235 MOBILE,AL 36606	13-5613797	501(c)(3)	43,200				GENERAL MEDICAL SUPPORT
ANTI-DEFAMATION LEAGUE 3102 WINDSOR RD STE D AUSTIN,TX 78703	38-2673743	501(c)(3)	9,250				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTHRITIS FOUNDATION CENTER 13492 RESEARCH BLVD STE 120 704 AUSTIN, TX 78750	38-2673743	501(c)(6)	15,000				GENERAL MEDICAL SUPPORT
AUSTIN AREA HERITAGE COUNCIL PO BOX 81807 AUSTIN, TX 78708	74-2756263	501(c)(3)	6,000				GENERAL SUPPORT
AUSTIN CLUBHOUSE 610 E 45TH ST AUSTIN, TX 78751	90-0505527	501(c)(3)	10,000				COMMUNITY SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTIN COMMUNITY FOUNDATION 4315 GUADALUPE ST STE 300 AUSTIN, TX 787513644	74-1934031	501(c)(3)	5,000				GENERAL SUPPORT
AUSTIN PARTNERS IN EDUCATION 1601 RIO GRANDE ST 300A AUSTIN, TX 78701	38-2673743	501(c)(3)	5,000				HEALTH EDUCATION
AUSTIN TRAVIS COUNTY INTEGRAL CARE 1430 COLLIER ST AUSTIN, TX 78704	74-1547909	501(c)(3)	7,500				GENERAL MEDICAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARRIO COMPREHENSIVE FAMILY HEALTH CARE 3066 E COMMERECE SAN ANTONIO, TX 78220	38-2673743	501(c)(3)	254,000				ACCESS TO CARE
BREAST CANCER RESOURCE CENTER 3006 MEDICAL ARTS ST AUSTIN, TX 78705	38-2673743	501(c)(3)	5,000				BREAST CANCER AWARENESS
CAPITAL OF TEXAS PUBLIC TELEVISION 2504B WHITIS AUSTIN, TX 78713	38-2673743	N/A	9,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC DIOCESE OF AUSTIN 6225 E HWY 290 AUSTIN, TX 78723	74-1542827	501(c)(3)	75,000				GENERAL SUPPORT
CON MI MADRE 1 UNIVERSITY STATION AUSTIN, TX 78712	38-2673743	501(c)(3)	6,900				COLLEGE READINESS FOR YOUNG LATINO WOMEN
FIESTA DE INDEPENDENCE 2211 S IH35 STE 410 AUSTIN, TX 78741	38-2673743	501(c)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOUNDATION COMMUNITIES 3036 S 1ST ST STE 200 AUSTIN, TX 78704	38-2673743	501(c)(3)	105,000				BEHAVIOR HEALTH
GREENLIGHT FOR NONPROFIT 7703 N LAMAR BLVD STE 400 AUSTIN, TX 78752	38-2673743	501(c)(3)	5,000				GENERAL SUPPORT
HEALTH ALLIANCE FOR AUSTIN MUSICIANS 3010 SOUTH LAMAR BLVD AUSTIN, TX 787045853	80-0147620	501(c)(3)	132,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHSTART FOUNDATION 3710 CEDAR ST STE 228 AUSTIN, TX 78705	38-2673743	501(c)(3)	5,000				GENERAL SUPPORT
HEART GIFT FOUNDATION 8015 SHOAL CREEK BLVD STE 207 AUSTIN, TX 77875	74-2967809	501(c)(3)	5,000				GENERAL SUPPORT
HILL COUNTRY COMMUNITY 402 EAST JACKSON BURNETT, TX 78611	38-2673743	501(c)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOSPICE AUSTIN 4107 SPICEWOOD SPRINGS RD STE 100 AUSTIN, TX 787598645	74-2200596	501(c)(3)	8,679				GENERAL SUPPORT
I LIVE HERE I GIVE HERE 98 SAN JACINTO BLVD STE 1200 AUSTIN, TX 78701	38-2673743	501(c)(3)	7,500				GENERAL SUPPORT
ICUT FOUNDATION 400 W 15TH ST STE 850 AUSTIN, TX 787011647	38-2673743	501(c)(3)	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTEGRATED CARE COLLABORATION 8627 N MOPAC EXPRESSWAY STE 300 AUSTIN, TX 787598362	31-1624871	501(c)(3)	600,000				COMMUNITY COLLABORATION
INTERNATIONAL LEAGUE EPILEPSY 32 N MAIN STREET STE 301 WEST HARTFORD, CT 061172507	52-1298610	501(c)(3)	20,000				EPILEPSY AWARENESS
JDRF INTERNATIONAL 8440 WOODFIELD CROSSING BLVD STE 201 INDIANAPOLIS, IN 46240	23-1907729	501(c)(3)	10,000				JUVENILE DIABETES AWARENESS AND PREVENTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEADERSHIP AUSTIN 655 CRAIG RD SAINT LOUIS, MO 63141	74-2967463	501(c)(3)	37,500				DEVELOP LEADERS FOR CIVIC ENGAGEMENT AND IMPACT COMMUNITIES SERVED
LEUKEMIA & LYMPHOMA SOCIETY 8001 CENTRE PARK DR STE 150 AUSTIN, TX 787545103	13-5644916	501(c)(3)	7,500				GENERAL SUPPORT
LONE STAR CIRCLE OF CARE 1500 W UNIVERSITY AVE STE 103 GEORGETOWN, TX 78628	74-3001674	501(c)(3)	438,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES FOUNDATION 11044 RESEARCH BLVD STE A-2100 AUSTIN, TX 78759	13-1846366	501(c)(3)	40,000				PREMATURE BIRTH PREVENTION
MY HEALING PLACE 8401 SHOAL CREEK BLVD STE 102 AUSTIN, TX 78757	38-2673743	501(c)(3)	5,000				GENERAL SUPPORT
NAMI AUSTIN PO BOX 50434 AUSTIN, TX 78763	38-2673743	501(c)(3)	5,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CATHOLIC BIOETHICS 6399 DREXEL RD PHILADELPHIA, PA 19151	04-2871526	501(c)(3)	50,000				GENERAL SUPPORT
NBMBAA PO BOX 144822 AUSTIN, TX 787144822	42-1764021	501(c)(3)	5,000				GENERAL SUPPORT
REVOLUTION SOCCER CLUB PO BOX 1404 PFLUGERVILLE, TX 78691	38-2673743	501(c)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCK RIDE CENTER PO BOX 2422 GEORGETOWN, TX 78627	74-2917659	501(c)(3)	15,000				GENERAL SUPPORT
RONALD MCDONALD HOUSE 1315 BARBARA JORDAN BLVD AUSTIN, TX 78723	38-2673743	501(c)(3)	28,000				GENERAL SUPPORT
SAN JUAN DIEGO HIGH SCHOOL 800 HERNDON LN AUSTIN, TX 78750	38-2673743	501(c)(3)	109,750				INTERNSHIP PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SAN MARCOS HAYS COUNTY EMS INC 101 UHLAND RD STE 208 SAN MARCOS, TX 78666	74-2276859	501(c)(3)	500,000				GENERAL SUPPORT
SANTA CRUZ CATHOLIC SCHOOL 1100 MAIN ST BUDA, TX 78610	26-0217637	501(c)(3)	5,000				GENERAL SUPPORT
ST MICHAEL CATHOLIC ACADEMY 93315 EVERGREEN WAY AUSTIN, TX 78737	74-2266181	501(c)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEXANS STANDING TALL 2211 S IH-35 STE 201 AUSTIN, TX 78741	38-2673743	501(c)(3)	5,000				GENERAL SUPPORT
TEXAS MAMMA JAMMA RIDE INC PO BOX 302106 AUSTIN, TX 78703	38-2673743	501(c)(3)	5,000				GENERAL SUPPORT
TEXAS TECH UNIV HEALTH SCIENCES CNT 3601 4TH ST LUBBOCK, TX 79430	38-2673743	501(c)(6)	50,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE JOHN PAUL II LIFE CENTER 1600 W 38TH ST AUSTIN, TX 78731	38-2673743	501(c)(3)	50,880				PRENATAL RESOURCES AND SUPPORT
THE VILLAGE OF SAN MARCOS 1901 DUTTON DR STE E SAN MARCOS, TX 786667574	38-2673743	501(c)(3)	5,000				GENERAL SUPPORT
YMCA OF GREATER WILLIAMSON COUNTY 1812 N MAYS ST ROUND ROCK, TX 78664	74-2206558	501(c)(3)	12,800				HEALTHY LIFESTYLES AND HEALTH PROMOTION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
▶ Attach to Form 990.
▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization
Seton Family of Hospitals

Employer identification number
74-1109643

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input checked="" type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax indemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b Yes	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2 Yes	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment?	4a Yes	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b Yes	
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization?	5a	No
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of a The organization?	6a	No
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
See Additional Data	

Additional Data

Software ID: 15000238
Software Version: 2015v3.0
EIN: 74-1109643
Name: Seton Family of Hospitals

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 1a Travel for companions	Travel expense reimbursements are made for business travel according to our accountable plan. If travel expense reimbursements are requested by senior leadership for companions who travel as required for business, these amounts are added as compensation to the employee's W-2.

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 3 Arrangement used to establish the top management official's compensation	Ascension Health, a related organization of Seton Family of Hospitals, uses the following methods to establish the compensation of the Organization's CEO - Compensation Committee - Independent Compensation Consultant - Compensation Survey or Study - Approval by the Board or Compensation Committee

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 4a Severance or change-of-control payment	THE FOLLOWING INDIVIDUALS RECEIVED SEVERANCE PAYMENTS FROM THE ORGANIZATION OR A RELATED ORGANIZATION DURING THE CALENDAR YEAR 2015 - PAULA CAMPBELL \$507,000 - DOUGLAS WAITE \$265,842 - JAMES LINDSEY \$217,037 - JOHN BRINDLEY \$170,301 - TRAVIS FROEHLICH \$281,978 - TRENNIS JONES \$461,365

Part III, Supplemental Information

Return Reference	Explanation
Schedule J, Part I, Line 4b Supplemental nonqualified retirement plan	Eligible executives participate in a program that provides for supplemental retirement benefits. The payment of benefits under the program, if any, is entirely dependent upon the facts and circumstances under which the executive terminates employment with the Organization. Benefits under the program are unfunded and non-vested. Due to the substantial risk of forfeiture provision, there is no guarantee that these executives will ever receive any benefit under the program. Any amount ultimately paid under the program to the executive is reported as compensation on Form 990, Schedule J, Part II, Column B in the year paid. The Organization that paid the salaries of the individuals listed in Schedule J, Part II, paid out of the supplemental nonqualified retirement plan in the amounts as noted. Douglas Waite \$378,694

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MICHELLE ROBERTSON PRESIDENT AND CEO - SFOH	(i)	538,244	418,796	85,683	17,225	5,296	1,065,243	0
	(ii)	0	0	0	0	0	0	0
1TRAVIS FROELICH TRUSTEE (END 6/2016)	(i)	0	56,396	279,815	0	5,711	341,921	0
	(ii)	0	0	0	0	0	0	0
2JAMES O LINDSEY MD TRUSTEE (END 4/2016) /VP MED AFFAIRS	(i)	0	0	216,137	0	5,622	221,759	0
	(ii)	0	0	0	0	0	0	0
3DOUGLAS D WAITE FORMER OFFICER (END 6/2013)	(i)	0	0	642,320	0	7,542	649,862	378,694
	(ii)	0	0	0	0	0	0	0
4PAULA CAMPBELL FORMER OFFICER (END 5/2014)	(i)	0	101,400	502,351	0	10,720	614,471	0
	(ii)	0	0	0	0	0	0	0
5JESUS GARZA PRESIDENT & CEO SHF	(i)	812,715	1,446,291	211,969	15,900	35,585	2,522,459	0
	(ii)	0	0	0	0	0	0	0
6ALAN STRAUSS CFO (END 8/2015)	(i)	572,725	826,689	167,956	14,575	34,196	1,616,141	0
	(ii)	0	0	0	0	0	0	0
7THOMAS E GALLAGHER ACTING CFO	(i)	602,527	715,487	129,384	17,225	37,195	1,501,818	0
	(ii)	0	0	0	0	0	0	0
8TIMOTHY LEE LAFREY CSO-MINISTRY MKT TEXAS	(i)	614,997	664,205	109,675	14,575	9,935	1,413,386	0
	(ii)	0	0	0	0	0	0	0
9JOHN BRINDLEY PRESIDENT-MARKET DEVELOPMENT (END 7/31/2015)	(i)	313,794	579,868	246,918	16,809	23,710	1,181,099	0
	(ii)	0	0	0	0	0	0	0
10GREGORY HARTMAN CHIEF EXT & ACAD AFF OFCR-MINISTRY MKT TEXAS	(i)	466,790	564,941	83,640	15,900	31,120	1,162,392	0
	(ii)	0	0	0	0	0	0	0
11KATHERINE HENDERSON PRESIDENT - CENTRAL GROUP	(i)	392,568	331,042	69,317	14,575	21,744	829,247	0
	(ii)	0	0	0	0	0	0	0
12PRATHIBHA VARKEY MD PRES/CEO - SCEC	(i)	417,903	308,913	56,486	13,250	9,980	806,532	0
	(ii)	0	0	0	0	0	0	0
13CHRISTANN VASQUEZ PRESIDENT - UMCB/DSMCUT/SSC	(i)	439,707	225,336	50,911	13,250	28,232	757,435	0
	(ii)	0	0	0	0	0	0	0
14SAMSON JESUDASS MD CCO MINISTRY MARKET TEXAS	(i)	194,722	427,502	68,503	9,378	11,731	711,836	0
	(ii)	0	0	0	0	0	0	0
15MARK SHEN MD PRESIDENT - DCMCCT	(i)	347,189	205,094	70,774	14,575	58,717	696,349	0
	(ii)	0	0	0	0	0	0	0
16TRENNIS L JONES FORMER OFFICER (END 6/2014)	(i)	0	92,273	478,040	0	831	571,144	0
	(ii)	0	0	0	0	0	0	0
17JOHN HELLERSTEDT MD MD PEDIATRICS	(i)	306,143	201,039	41,876	14,575	28,189	591,822	0
	(ii)	0	0	0	0	0	0	0
18CHRISTOPHER HARTLE PRESIDENT - NORTH AND SOUTH GROUP	(i)	428,363	384,974	64,790	17,225	26,930	922,283	0
	(ii)	0	0	0	0	0	0	0
19KENNETH GLADISH PRESIDENT - SETON FOUNDATIONS	(i)	373,452	333,946	65,402	7,950	20,535	801,284	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21TERESA BURROFF SR VP LEGAL	(i)	364,331	321,882	55,148	14,575	6,837	762,773	0
	(ii)	0	0	0	0	0	0	0
1CAROL WRATTEN MD CHIEF QUALITY OFFICER	(i)	311,935	203,126	42,724	14,575	26,076	598,436	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE O
(Form 990 or
990-EZ)**

Department of the
Treasury
Internal Revenue
Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

2015**Open to Public
Inspection**

Name of the organization
Seton Family of Hospitals

Employer identification number

74-1109643

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 1 Doing Business As	<p>Seton Healthcare Associates Brackenridge Hospital Volunteers Brackenridge Hospital Bracken ridge Professional Building Brain and Spine Center at Brackenridge Hospital Caldwell County Physician Associates Childhood Cancer & Blood Disorders Center Children's Health Express Children's Hospital of Austin Auxiliary Children's Therapy Gym Dell Children's Craniofacial and Reconstructive Surgery Center Dell Children's Imaging Center Dell Children's Medical Center of Central Texas Dell Children's Medical Center Emergency Medical Group Friends Auxiliary of Seton Highland Lakes Good Health Commons Ignite Women's Health Insure a Kid Luling CRNA Group SEBD Children's Care-A-Van SEBD Professional Support Services Seton Bastrop Health Plaza Seton Bertram Healthcare Center Seton Bastrop Physical Therapy and Fitness Center Seton Burnet Healthcare Center Seton Cancer Screening Seton Cardiovascular Imaging Center Seton Central Outpatient Pharmacy Seton Community Health Centers Seton Diagnostic Center Seton Edgar B Davis Hospital Volunteer Services Seton Edgar B Davis Hospital Seton Family of Doctors Seton Family of Physicians Seton Health Plaza Seton Heart Specialty Care and Transplant Center Seton Highland Lakes Seton Highland Lakes Home Health Seton Highland Lakes Hospice Seton Highland Lakes Hospital and Health Centers Seton Highland Lakes Hospital Seton Highland Lakes Medical Group Seton Highland Lakes Rehabilitation Services Burnet Seton Highland Lakes Rehabilitation Services Marble Falls Seton Hospital Auxiliary Seton Kozmetsky Community Health Center Seton Lampasas Healthcare Center Seton League House Seton Lockhart Family Health Center Seton Luling Family Medicine Clinic Seton Marble Falls Diagnostic Center Seton Marble Falls Healthcare Center Seton McCarthy Community Health Center Seton Medical Center Austin Seton Medical Center Hays Seton Medical Center Outpatient Rehabilitation Seton Medical Center Williamson Outpatient Rehabilitation Services Seton Medical Center Williamson Community Care Van Seton Medical Center Williamson Pediatric Rehabilitation Services Seton Medical Center Williamson Volunteers Seton Medical Center Williamson Women's Imaging Seton Medical Center Williamson Seton Medical Center Seton Northwest Aquatic Therapy Seton Northwest Hospital Seton Northwest Sleep Lab Seton Northwest Sports Medicine and Hand Therapy Center Seton Northwest Volunteers Seton Northwest Seton Occupational Health Clinic Seton Pflugerville Healthcare Center Seton Pflugerville Seton Physical Therapy & Fitness Center Seton Premier Staffing Seton RiverBend Home Health Seton Shoal Creek Hospital Seton Smithville Regional Hospital Seton Southwest Hospital Seton Southwest Rehab and Sports Medicine Services Seton Southwest Volunteers Seton Topfer Community Health Center Seton Towers Nursing Home Seton Williamson Children's Therapy Gym at Cedar Park Seton Shivers Center SHL Care-A-Van SHL CRNA Group SHL Professional Support Services SMCA Sports and Neuro Rehab St Vincent</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 1 Doing Business As	Healthcare Ventures Texas Child Study Center The Big Pink Bus The Children's Blood and Ca ncer Center The Clinical Education Center at Brackenridge Tow ers Nursing Home Trauma Medic al Group University Medical Center at Brackenridge University Medical Center Brackenridge Seton Kingsland Healthcare Center

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 1	<p>Seton furthers this goal through delivery of inpatient services, ambulatory specialty services, care to the elderly and indigent, patient education, community health awareness programs, resident medical training and translational research. In addition to care delivery, navigation and support services for patients, Seton is working to innovate and redesign the healthcare delivery system, particularly for the poor and the vulnerable. Seton's concern for all human life and the dignity of each person leads the organization to provide medical services to people in the community irrespective of a patient's race, creed, national origin, economic status or ability to pay. Seton's community benefit contributions are described in detail to portray the full breadth and depth of the organization's commitment to the population it serves.</p> <p>Commitment to Providing Community Benefit Seton is a network of six general medical-surgical hospitals, a pediatric hospital, three rural hospitals, a mental health hospital, several strategically located outpatient service facilities, three primary community health care clinics targeted specifically for the uninsured with just over 1,761 licensed beds, and one home health agency, hospice and nursing home facility. Seton is the leading provider of healthcare services in Central Texas, serving an 11-county area of 1.9 million people, and seeks to improve the physical, mental, social and spiritual health status of its surrounding community. In addition to providing health care services to all individuals who require medical attention, Seton has developed an array of programs to help achieve its mission. Seton serves a disproportionate market share of Medicaid and self-pay patients. While the hospital system serves 42.4% of the total inpatient needs of the community, it also supports 52.3% of Medicaid patients and 54.6% of self-pay patients in our service area.</p> <p>Specifically - Medicare reimburses for 38.1% of inpatient discharges in Central Texas. With an aging population, the percentage of patients covered by Medicare will continue to increase. - Medicaid reimburses for 16.5% of inpatient discharges in Central Texas, while commercial insurance covers 34.8% of discharges. Employer-sponsored insurance has declined over the last 10 years. - Self-pay and "other" is the payer for 10.7% of Central Texas resident discharges. While 18.9% of Central Texas' under-65 population is uninsured, many more are under-insured in programs that do not cover the costs of care.</p> <p>Community Investments Community Care Collaborative The Community Care Collaborative (CCC) is a 501(c)(3) nonprofit corporation formed in 2013 by an agreement between Central Health -the healthcare district serving Travis County-and Ascension Texas. The goal of the CCC is to transform how health care is delivered and improve health outcomes in Travis County, particularly for low-income and vulnerable populations. Through better-designed health care interventions, coordinated ca</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 1	<p>re and adding resources to address social determinants of health, the CCC works to create better health for Travis County's patients and communities. The CCC represents one of Ascension Texas' most significant, overarching investments in addressing all the prioritized needs identified in the Travis County Community Health Needs Assessment (CHNA), including improving primary and specialty care, systems of care, chronic diseases, mental and behavioral health and social determinants of health. Ascension Texas and its affiliates have committed executive, clinical, staff, financial and operational resources to ensure the CCC's strategic priorities are achieved. In fiscal years 2014, 2015 and 2016, Ascension Texas made significant investments in support of the CCC strategic objectives and intends to continue these investments in the years to come. In addition, Ascension Texas plays an active leadership role in terms of governance and community engagement with partners to ensure alignment around the common goal of improving the health of the community. Critical to the CCC's success is collaboration and contracting with key partners, including Dell Medical School, Austin Travis County Integral Care, federally qualified health centers (FQHCs), community-based providers, local social service organizations and Austin-Travis County Emergency Medical Service.</p> <p>Accomplishments</p> <p>1. The CCC is addressing many of the issues raised by the community during creation of the Travis County CHNA regarding uninsured, low-income individuals, such as expanding patient navigation services and improving health management which has more fully integrated care and has improved access and increased efficiency in the system of care. For example, increased annual primary care and dental care appointment capacity by 50,000 and 7,000, respectively since 2013.</p> <p>2. The CCC is committed to transforming health care delivery by focusing on the needs of patients, including prevention of illness and management of chronic diseases—resulting in demonstrably improved health outcomes and overall population health. For example, from 2013–2016 the percentage of patients who identified as tobacco users who received tobacco cessation counseling intervention increased from 79% to 98%, which put us in the 90th percentile High Performance Level for this measure. In addition the percentage of diabetic patients who received a nephropathy screening test or had evidence of nephropathy during the measurement year were in the 90th percentile at 90% and 88% respectively. In 2017, the CCC plans to focus on core operational and delivery issues, including redesigning the Central Health Medical Access Program (MAP) benefit program, improving primary care services payment and delivery and enhancing specialty care services including behavioral health. The CCC will also plan and develop a comprehensive strategy to address social determinants of health and will continue to forge strategic partnerships with other nonpr</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 1	ofit organizations to address needs that affect individuals' health

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 2	<p>Dell Medical School & Dell Seton Medical Center at the University of Texas In November 2012, Travis County voters passed Proposition 1 to support investments in the health of the Austin community, including building the new medical school at The University of Texas at Austin, Dell Medical School ("DMS") At the same time, Seton Family of Hospitals ("Seton") committed to fund and build a new state-of-the-art teaching hospital, Dell Seton Medical Center at The University of Texas ("DSMCUT"), to replace University Medical Center Brackenridge ("UMC"), the aging public hospital Seton partnered with the city and county in 1995 to operate Dell Seton will open in spring 2017 This historic partnership between Seton and the DMS is one of Seton's most significant, overarching accomplishments to transform the delivery of health care in the region and better serve the poor and vulnerable Seton was a driving force behind the campaign to bring a medical school to Travis County and to build an adjacent modern teaching hospital because data show that hospitals affiliated with top-tier universities raise the standard of care in a community Many of Seton's physicians will serve as faculty for DMS' medical students, residents and fellows Data also show that medical schools play a major role in a community's health care safety net Seton expects its partnership with DMS will have a positive impact on the local safety net and will expand access to specialty and other health care services for the poor and vulnerable In addition, DMS will help alleviate the physician shortage in Travis County and surrounding areas because, nationally, a large percentage of residents choose to practice medicine in the community where they received training DMS will play a central role in addressing many of the prioritized needs in the Travis County CHNA, including increasing access to specialty care for the poor and vulnerable Specifically, Seton and the Community Care Collaborative ("CCC") will work with population health experts among the medical school faculty to develop more efficient care pathways These efforts work to address community health needs including primary and specialty care, systems of care, chronic disease and mental and behavioral health Accomplishments 1 The inaugural class of Dell Medical Students began in the summer of 2016 2 In June 2016, DMS, Seton, the CCC and community physicians launched a pilot project to reduce wait times for high-quality musculoskeletal care such as hip and joint pain In three months, the pilot pruned the waiting list and more than 250 patients securing appointments with musculoskeletal specialists 3 Seton has invested significant funding, time and leadership to support the creation of DMS Seton played a role in defining the new school's curriculum, employs area medical residents and funds graduate medical education Medical students and residents will complete rotations in different specialties at the Seton Hospitals (DSMC)</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 2	<p>UT, Dell Children's Medical Center, Seton Medical Center Austin, and Seton Shoal Creek Hospital) and various clinics. Delivery System Reform Incentive Payments (DSRIP) Since 2012, Seton has operated 20 Delivery System Reform Incentive Payment ("DSRIP") projects through the Texas 1115 Medicaid Waiver, administered through the Texas Health and Human Services Commission ("HHSC") and the Centers for Medicare and Medicaid Services ("CMS"). These projects address the varied health care needs of Medicaid recipients or low-income, uninsured individuals in Travis County. They share a common goal of improving health outcomes and lowering health care costs by reducing inefficiencies in the health care system. All of these projects were chosen because they specifically address prioritized health needs identified in the 2012-2013 Travis County CHNA conducted by Austin/Travis County Health and Human Services Department: access to care, chronic disease, mental and behavioral health and community collaborations. These prioritized needs are nearly identical to the 2016 Travis County CHNA needs: mental and behavioral health, chronic diseases, primary and specialty care, system of care and social determinants of health. As such, all of Seton's DSRIPs individually address one or more of the prioritized health needs identified in the 2016 Travis County CHNA and are a continuation of prior investments. Of the 20 Seton-led DSRIPs, four focus on pediatric populations and 19 of the 20 serve residents of Travis County. The remaining project is in place at Seton Highland Lakes Hospital (SHL) and supports qualified Burnet County residents. Seton also is involved in 15 other DSRIP projects funded through the Community Care Collaborative ("CCC"), our partnership with Central Health. Together, the DSRIP projects represent one of Seton's most significant investments to address health needs in Travis County. Seton has partnered with a wide range of entities on its varied DSRIP projects. Examples include community physicians, CCC, Central Health, Federally Qualified Health Centers, nonprofits, faith-based organizations, Dell Medical School, local mental health agencies and the Austin Independent School District.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 3	<p>Behavioral Health Assessment & Resource Navigation - Provide free behavioral health assessments and navigate individuals to community behavioral health providers - 5,720 individuals impacted Behavioral Health School Campus Counseling I - Increase access to behavioral health services on school campuses - 5,875 individuals impacted Behavioral Health School Campus Counseling II - Increase access to behavioral health services on school campuses - 590 individuals impacted Care Transitions - Coordinate and monitor care for patients with chronic disease from hospital to home - 5,876 individuals impacted Chronic Care Management - Adults - Provide treatment and care coordination for adults with chronic condition(s) or serious injury - 2,600 individuals impacted Chronic Care Management - Community Clinics - Provide treatment and care coordination for adults with chronic condition(s) or serious injury - 2,350 individuals impacted Chronic Care Management - Pediatrics - Provide specialty treatment and care coordination for children with high disease complexity - 1,050 individuals impacted Culturally Competent Care Training - Provide staff training to increase awareness of the diverse populations and cultures served - 6,420,000 encounters Diabetes Chronic Care - Standardize testing routines for individuals at-risk or with diabetes and communicates the discharge plan directly to follow-up provide - 9,500 individuals impacted ED Patient Navigation - Navigate emergency department to a medical home - 400 individuals impacted Family & Child Obesity - Deliver a multi-delivery approach to prevent and treat childhood obesity - 1,025 individuals impacted Language Services Resource Center - Centralize language services and adds qualified healthcare interpreters - 76,670 encounters Obstetrics Care Navigation - Provide pre- and post-natal navigation for Hispanic women - 600 individuals impacted Palliative Care Program - Create palliative care program for individuals with chronic or terminal illness - 6,239 encounters Post-Graduate Training for Psychiatric Specialties - Provide new psychiatric residencies and fellowships - 21,000 encounters Psychiatric Emergency Department - Create a new psychiatric emergency department - 5,475 individuals impacted Psychiatric Telemedicine - Expand inpatient and ED telepsychiatry services - 1,859 encounters Substance Use Disorder Navigation - Navigate individuals at risk of a substance use disorder to intervention and treatment - 3,917 encounters Women's Oncology Care Navigation - Provide navigation services from cancer diagnosis to treatment, as well as cancer survivorship support services for women - 450 individuals impacted Women's Oncology Care Screening - Expand mobile mammography and cervical screenings - 8,762 individuals impacted Accomplishments 1 The overall goal and anticipated impact of Seton's DSRIP projects is to provide better health care at a lower cost in the right setting Seton's DSRIP projects have</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a Program Service Description - Part 3	<p>been highly successful and have met or exceeded most of their stated goals 2 The Behavioral Health School Campus Counseling projects implemented a new summer program to support improved continuity of care during the summer months The program provided daily lunches, trips through the community for cooperative volunteer projects, and an end of summer celebration Planning is currently underway to expand this program serve more students in the summer of 2017 3 Chronic Care Management projects have made progress toward establishing value-based payment models to support sustainability and long-term cost savings The Chronic Care Management-Adult project has developed processes to support successful transitions of care for patients with congestive heart failure and patients receiving total joint replacement surgery The Chronic Care Management-Pediatric project has begun discussions with the Managed Care Organizations serving their population related to pay-for quality contracting</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process for Determining Compensation for CEO	IN DETERMINING THE COMPENSATION OF THE ORGANIZATION'S CEO, THE PROCESS PERFORMED BY ASCENSION HEALTH, A RELATED ORGANIZATION OF SETON FAMILY OF HOSPITALS, INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION THE COMPENSATION COMMITTEE REVIEWED AND APPROVED THE COMPENSATION IN THE REVIEW OF THE COMPENSATION, THE CEO WAS COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE COMMITTEE MINUTES THE INDIVIDUAL WAS NOT PRESENT WHEN HIS COMPENSATION WAS DECIDED

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process for Determining Compensation for Other Officers	IN DETERMINING THE COMPENSATION OF OTHER OFFICERS AND KEY EMPLOYEES OF THE ORGANIZATION, THE PROCESS PERFORMED BY ASCENSION TEXAS (F/K/A SETON HEALTHCARE FAMILY), A RELATED ORGANIZATION OF SETON FAMILY OF HOSPITALS, INCLUDED A REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA, AND CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE AUDIT COMMITTEE REVIEWED AND APPROVED THE COMPENSATION. IN THE REVIEW OF THE COMPENSATION, THE OTHER OFFICERS OR KEY EMPLOYEES OF THE ORGANIZATION WERE COMPARED TO INDIVIDUALS AT OTHER ORGANIZATIONS IN THE AREA WHO HOLD THE SAME TITLE. DURING THE REVIEW AND APPROVAL OF THE COMPENSATION, DOCUMENTATION OF THE DECISION WAS RECORDED IN THE BOARD MINUTES. INDIVIDUALS WERE NOT PRESENT WHEN THEIR COMPENSATION WAS DECIDED.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 6 Classes of members or stockholders	Seton Family of Hospitals has a single corporate member, Ascension Texas (F/K/A Seton Healthcare Family)

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7a Members or stockholders electing members of governing body	Seton Family of Hospitals has a single corporate member, Ascension Texas (f/k/a Seton Healthcare Family), w ho has the ability to elect members to the governing body of Seton Family of Hospitals

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 7b Decisions requiring approval by members or stockholders	Powers subject to approval by our single corporate member, Ascension Texas (f/k/a Seton Healthcare Family), include 1) The formation or acquisition of legal entities for which Ascension Texas (f/k/a Seton Healthcare Family) will serve as the sole or controlling entity, and subject to canonical requirements, approve the sale, transfer or substantial change in use of all or substantially all of the assets of the Corporation or the divestiture, dissolution, closure, merger, consolidation, change in corporate membership or corporate reorganization of the Corporation, 2) Changes to the governing documents, if changes are inconsistent with the System requirements for governing documents, 3) Appoint, upon recommendation of the board of the Corporation, or remove, with or without cause, the members of the Board of Trustees of the Corporation, 4) The transfer of assets and the reallocation of debt among the Corporation and other Health Ministries in accordance with system policies, in consultation with the corporate board, and 5) Approve the incurrence of debt of the Corporation in accordance with System policies

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Management works diligently to complete the Form 990 in a thorough manner. Due to timing and changes in organizational roles and responsibilities, leadership reviewed the return in lieu of the return being provided to the full board.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	<p>The Organization has adopted the Conflict of Interest Policy of Ascension Texas (f/k/a Seton Healthcare Family) The Corporate Responsibility Officer's (CRO) delegate will prepare a summary of the Conflict of Interest Disclosure Statements and submit it to the CRO for review The CRO will submit a written report to the applicable Board or Board Committee on the results Procedures for Addressing the Conflict of Interest (1) An individual with a Conflict of Interest may make a presentation at the meeting of the Board of Trustees or Committee of the Board, but after such presentation, he or she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement that results in the conflict of Interest (2) If deemed appropriate or advisable, the Chair of the Board or Committee of the Board, as the case may be, may appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement (3) After exercising due diligence, the Board of Trustees or Committee of the Board shall determine whether the Corporation can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a Conflict of Interest (4) If a more advantageous transaction or arrangement is not reasonably attainable under circumstances that would not give rise to a Conflict of Interest, the Board of Trustees or Committee of the Board shall determine by a majority vote of the disinterested directors or members, as the case may be, whether the transaction or arrangement is in the Corporation's best interest and for its own benefit, and whether the transaction is fair and reasonable to the Corporation, and thereafter, the Board of Trustees or Committee of the Board shall decide whether to enter into the proposed transaction or arrangement in conformity with such determinations</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The Organization will provide any documents open to public inspection upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 2f Other Program Service Revenue	Lab Services Revenue - Total Revenue 703588, Related or Exempt Function Revenue , Unrelated Business Revenue 703588, Revenue Excluded from Tax Under Sections 512, 513, or 514 , Other Misc Revenue - Total Revenue 3254310, Related or Exempt Function Revenue 3270942, Unrelated Business Revenue -16632, Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VIII, Line 11d Other Miscellaneous Revenue	Gift Shop Revenue - Total Revenue 1671836, Related or Exempt Function Revenue , Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 1671836, Parking - Total Revenue 1829954, Related or Exempt Function Revenue , Unrelated Business Revenue 173266, Revenue Excluded from Tax Under Sections 512, 513, or 514 1656688, Misc Other Revenue - Total Revenue 31306194, Related or Exempt Function Revenue 31306194, Unrelated Business Revenue , Revenue Excluded from Tax Under Sections 512, 513, or 514 ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part IX, Line 11g Other Fees	PHYSICIAN CONTRACTED SERVICES - Total Expense 70044876, Program Service Expense 53449314, Management and General Expenses 16595562, Fundraising Expenses , PHYSICIAN FEES IC - Total Expense 56456530, Program Service Expense 43080422, Management and General Expenses 13376108, Fundraising Expenses , PHYSICIAN SERVICES ON CALL - Total Expense 16101242, Program Service Expense 12286414, Management and General Expenses 3814828, Fundraising Expenses , CONSULTING FEES - Total Expense 19718700, Program Service Expense 15046796, Management and General Expenses 4671904, Fundraising Expenses , OTHER PROFESSIONAL FEES - Total Expense 16953363, Program Service Expense 13283863, Management and General Expenses 3669500, Fundraising Expenses ,

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Deferred Pension Costs - -30217140, Unrestricted Released from Restriction - -10986209, Income from Unconsolidated Subsidiaries - 5645372, Temp Restricted Released from Restriction - -7235592, Investment in Unconsolidated Subsidiaries - Beginning Balance - 41001333, Investment in Unconsolidated Subsidiaries - Ending Balance - -39622207,

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Seton Family of Hospitals

Employer identification number
74-1109643

Part I

Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) THE TOPFER BUILDING CONDOMINIUM ASSOCIATION 1345 PHILOMENA STREET AUSTIN, TX 78723 74-3007869	COMMERCIAL BUILDING ASSOCIATION	TX	74,381	5,263	SETON HEALTHCARE FAMILY

Part II

Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

Part III

Identification of Related Organizations Taxable as a Partnership

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o	Sharing of paid employees with related organization(s)	1o	No
p	Reimbursement paid to related organization(s) for expenses	1p	Yes
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	Yes
s	Other transfer of cash or property from related organization(s)	1s	Yes

[illegible]

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID: 15000238

Software Version: 2015v3.0

EIN: 74-1109643

Name: Seton Family of Hospitals

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ASCENSION HEALTH ALLIANCE PO BOX 45998 STLOUIS, MO 63145 45-3358926	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	NA		No
ASCENSION HEALTH PO BOX 45998 STLOUIS, MO 63145 31-1662309	NATIONAL HEALTH SYSTEM	MO	501(c)(3)	Type I	ASCENSION HEALTH ALLIANCE		No
ASCENSION TEXAS (FKA SETON HEALTHCARE FAMILY) 1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364243	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	Type I	ASCENSION HEALTH		No
AUSTIN CHILDREN'S CHEST ASSOCIATES II 1345 PHILOMENA STREET AUSTIN, TX 78723 26-0163261	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
BLUE LADIES MINERALS INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2971975	OWN OIL AND MINERAL RIGHTS, REAL ESTATE	TX	501(c)(3)	Type III-FI	SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
CMC FOUNDATION OF CENTRAL TEXAS 1345 PHILOMENA STREET AUSTIN, TX 78723 20-0468031	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS (FKA SETON HEALTHCARE FAMILY)	Yes	
SETONUT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP (FKA SETONUT SOUTHW ESTERN UNIVERSITY PHYSICIANS GROUP) 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2869762	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON FAMILY OF HOSPITALS	Yes	
INSTITUTE OF RECONSTRUCTIVE PLASTIC SURGERY OF CENTRAL TEXAS 1345 PHILOMENA STREET AUSTIN, TX 78723 26-2908163	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
PEDIATRIC CRITICAL CARE ASSOCIATES 1345 PHILOMENA STREET AUSTIN, TX 78723 42-1670843	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
SETON FAMILY OF PEDIATRIC SURGEONS 1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311790	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
SETON HAYS FOUNDATION 1345 PHILOMENA STREET AUSTIN, TX 78723 26-2842608	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS (FKA SETON HEALTHCARE FAMILY)	Yes	
SETON MEDICAL GROUP 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2861106	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
SETON WILLIAMSON FOUNDATION 1345 PHILOMENA STREET AUSTIN, TX 78723 20-5330986	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS (FKA SETON HEALTHCARE FAMILY)	Yes	
THE SETON COVE INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2727509	SPIRITUALITY CENTER	TX	501(c)(3)	Type I	ASCENSION TEXAS (FKA SETON HEALTHCARE FAMILY)	Yes	
SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2212968	FUNDRAISING	TX	501(c)(3)	Type I	ASCENSION TEXAS (FKA SETON HEALTHCARE FAMILY)	Yes	
TRI-COUNTY CLINICAL 1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562712	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
SETON FAMILY OF PHYSICIANS 1345 PHILOMENA STREET AUSTIN, TX 78723 26-4562522	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
SPECIALLY FOR CHILDREN-CHILDREN'S HOSPITAL SUBSPECIALISTS OF CENTRAL TEXAS 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2800601	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3)	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
TWENTY-SIX DOORS INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2855201	TO HOLD TITLE TO REAL PROPERTY	TX	501(c)(25)		SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	Yes	
FICKETT HEALTH LEGACY INC 1345 PHILOMENA STREET AUSTIN, TX 78723 27-2843709	TO HOLD AND COLLECT INCOME FROM REAL PROPERTY	TX	501(c)(25)		TWENTY-SIX DOORS INC	Yes	

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
PEDIATRIC SURGICAL SUBSPECIALISTS 1345 PHILOMENA STREET AUSTIN, TX 78723 20-8957311	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
ADULT INPATIENT MEDICAL SERVICES 1345 PHILOMENA STREET AUSTIN, TX 78723 45-2498998	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3	9	SETON FAMILY OF HOSPITALS	Yes	
SETON ENT 1345 PHILOMENA STREET AUSTIN, TX 78723 27-3220659	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
HEALTHCARE COLLABORATIVE 1345 PHILOMENA STREET AUSTIN, TX 78723 27-3220767	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3	Type I	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
SETON CLINICAL ENTERPRISE CORPORATION 1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364681	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3	Type I	ASCENSION TEXAS (FKA SETON HEALTHCARE FAMILY)	Yes	
SETON INSURANCE SERVICES CORPORATION 1345 PHILOMENA STREET AUSTIN, TX 78723 45-4364813	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3	Type I	ASCENSION TEXAS (FKA SETON HEALTHCARE FAMILY)	Yes	
CHILDREN'S BONE JOINT & SPINE CENTER 1345 PHILOMENA STREET AUSTIN, TX 78723 45-2499113	DELIVERY OF HEALTH CARE SERVICES	TX	501(c)(3	9	SETON CLINICAL ENTERPRISE CORPORATION	Yes	
PROVIDENCE HEALTH SERVICES OF WACO 6901 MEDICAL PKWY WACO, TX 76712 74-1109636	HEALTHCARE SERVICES	TX	501(c)(3	3	ASCENSION HEALTH		No
PROVIDENCE FOUNDATION INC 6901 MEDICAL PKWY WACO, TX 76712 74-2683112	SUPPORT CHARITABLE PURPOSE OF PHSW	TX	501(c)(3	Type I	PROVIDENCE HEALTH SERVICES OF WACO	Yes	
PROVIDENCE HEALTH ALLIANCE 6901 MEDICAL PKWY WACO, TX 76712 74-2696970	PHYSICIAN PRACTICES	TX	501(c)(3	3	PROVIDENCE HEALTH SERVICES OF WACO	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) SETON PHYSICIAN HOSPITAL NETWORK 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2643825	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(1) ADVANTAGE HEALTHCO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2698151	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(2) SETON HEALTH PLAN INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2725348	HMO	TX	NA	C Corporation				Yes	
(3) SETON MSO INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2870455	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(4) SETON ACCOUNTABLE CARE ORGANIZATION INC 1345 PHILOMENA STREET AUSTIN, TX 78723 74-2677756	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(5) SETON HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 45-3047469	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(6) DELL CHILDREN'S HEALTH ALLIANCE 1345 PHILOMENA STREET AUSTIN, TX 78723 27-1311909	HEALTH SERVICES	TX	NA	C Corporation				Yes	
(7) SETON INSURANCE COMPANY 1345 PHILOMENA STREET AUSTIN, TX 78723 47-5395483	HEALTH SERVICES	TX	NA	C Corporation				Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(1)	CMC FOUNDATION OF CENTRAL TEXAS	C	7,455,855	ACTUAL AMOUNT PAID
(1)	SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	C	9,971,504	ACTUAL AMOUNT PAID
(2)	SETON HAYS FOUNDATION	C	788,690	ACTUAL AMOUNT PAID
(3)	SETON WILLIAMSON FOUNDATION	C	1,061,763	ACTUAL AMOUNT PAID
(4)	INSTITUTE OF RECONSTRUCTIVE PLASTIC SURGERY OF CENTRAL TEXAS	J	124,060	ACTUAL AMOUNT PAID
(5)	SETON FAMILY OF PHYSICIANS	J	105,600	ACTUAL AMOUNT PAID
(6)	TRI-COUNTY CLINICAL	J	160,256	ACTUAL AMOUNT PAID
(7)	ADULT INPATIENT MEDICAL SERVICES	L	19,748,733	ACTUAL AMOUNT PAID
(8)	AUSTIN CHILDREN'S CHEST ASSOCIATES II	L	265,070	ACTUAL AMOUNT PAID
(9)	INSTITUTE OF RECONSTRUCTIVE PLASTIC SURGERY OF CENTRAL TEXAS	L	1,104,795	ACTUAL AMOUNT PAID
(10)	PEDIATRIC CRITICAL CARE ASSOCIATES	L	1,693,129	ACTUAL AMOUNT PAID
(11)	PEDIATRIC SURGICAL SUBSPECIALISTS	L	1,346,908	ACTUAL AMOUNT PAID
(12)	SETON FAMILY OF PEDIATRIC SURGEONS	L	3,209,495	ACTUAL AMOUNT PAID
(13)	SETON FAMILY OF PHYSICIANS	L	4,873,080	ACTUAL AMOUNT PAID
(14)	SETON HEALTH PLAN INC	L	1,724,100	ACTUAL AMOUNT PAID
(15)	SETON MEDICAL GROUP	L	7,600,699	ACTUAL AMOUNT PAID
(16)	SETON PHYSICIAN HOSPITAL NETWORK	L	352,596	ACTUAL AMOUNT PAID
(17)	SETONUT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP	L	16,731,932	ACTUAL AMOUNT PAID
(18)	SPECIALLY FOR CHILDREN-CHILDREN'S HOSPITAL SUBSPECIALISTS OF CENTRAL TEXAS	L	3,076,418	ACTUAL AMOUNT PAID
(19)	TRI-COUNTY CLINICAL	L	2,497,435	ACTUAL AMOUNT PAID
(20)	AUSTIN CHILDREN'S CHEST ASSOCIATES II	M	168,750	ACTUAL AMOUNT PAID
(21)	INSTITUTE OF RECONSTRUCTIVE PLASTIC SURGERY OF CENTRAL TEXAS	M	469,398	ACTUAL AMOUNT PAID
(22)	PEDIATRIC SURGICAL SUBSPECIALISTS	M	801,006	ACTUAL AMOUNT PAID
(23)	SETON ENT	M	297,524	ACTUAL AMOUNT PAID
(24)	SETON FAMILY OF PHYSICIANS	M	1,501,354	ACTUAL AMOUNT PAID

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization		(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	SETONUT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP	M	2,798,691	ACTUAL AMOUNT PAID
(1)	SPECIALLY FOR CHILDREN-CHILDREN'S HOSPITAL SUBSPECIALISTS OF CENTRAL TEXAS	M	1,468,196	ACTUAL AMOUNT PAID
(2)	TRI-COUNTY CLINICAL	M	2,421,664	ACTUAL AMOUNT PAID
(3)	TRI-COUNTY CLINICAL	P	11,353,748	ACTUAL AMOUNT PAID
(4)	TWENTY-SIX DOORS INC	K	401,782	ACTUAL AMOUNT PAID
(5)	SETON MEDICAL GROUP	P	208,111	ACTUAL AMOUNT PAID
(6)	PEDIATRIC CRITICAL CARE ASSOCIATES	P	98,433	ACTUAL AMOUNT PAID
(7)	SETONUT DELL MEDICAL SCHOOL UNIVERSITY PHYSICIANS GROUP	P	6,856,501	ACTUAL AMOUNT PAID
(8)	PEDIATRIC SURGICAL SUBSPECIALISTS	P	4,015,063	ACTUAL AMOUNT PAID
(9)	AUSTIN CHILDREN'S CHEST ASSOCIATES II	P	672,916	ACTUAL AMOUNT PAID
(10)	INSTITUTE OF RECONSTRUCTIVE PLASTIC SURGERY OF CENTRAL TEXAS	P	978,511	ACTUAL AMOUNT PAID
(11)	SETEON FAMILY OF PHYSICIANS	P	7,907,408	ACTUAL AMOUNT PAID
(12)	SETON FAMILY OF PEDIATRIC SURGEONS	P	7,297,783	ACTUAL AMOUNT PAID
(13)	SETON FUND OF THE DAUGHTERS OF CHARITY OF ST VINCENT DE PAUL INC	P	978,139	ACTUAL AMOUNT PAID
(14)	CMC FOUNDATION OF CENTRAL TEXAS	P	1,634,691	ACTUAL AMOUNT PAID
(15)	SETON WILLIAMSON FOUNDATION	P	234,666	ACTUAL AMOUNT PAID
(16)	SETON HAYS FOUNDATION	P	128,568	ACTUAL AMOUNT PAID
(17)	SPECIALLY FOR CHILDREN-CHILDREN'S HOSPITAL SUBSPECIALISTS OF CENTRAL TEXAS	P	4,744,124	ACTUAL AMOUNT PAID
(18)	THE SETON COVE	P	236,050	ACTUAL AMOUNT PAID
(19)	SETON ENT	P	693,475	ACTUAL AMOUNT PAID
(20)	ADULT INPATIENT MEDICAL SERVICES	P	10,081,087	ACTUAL AMOUNT PAID
(21)	HEALTHCARE COLLABORATIVE	P	1,066,238	ACTUAL AMOUNT PAID
(22)	SETON HEALTH PLAN INC	P	6,541,979	ACTUAL AMOUNT PAID
(23)	SETON HEALTH ALLIANCE	P	51,917	ACTUAL AMOUNT PAID
(24)	SETON INSURANCE COMPANY	P	335,068	ACTUAL AMOUNT PAID

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51) SETON PHYSICIAN HOSPITAL NETWORK	P	64,659	ACTUAL AMOUNT PAID
(1) SETON ACCOUNTABLE CARE ORGANIZATION	P	10,012,785	ACTUAL AMOUNT PAID